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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-21
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE · 1996

Submitted By:

Senior Staff Associate
and

Associate Scientist

1997

Revised Submission:

2001

Contract Number:

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

Technical Report Documentation Page

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16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1996 Mercury Villager GS and an embankment. This crash is of special interest because the Villager's restrained, right front passenger (14 year-old female) sustained severe cervical injuries after being struck from behind by an unrestrained occupant [18 year-old female, 74 kg (175 lbs)]--she sustained only minor injuries from her deploying air bag. The Villager was traveling east in the eastbound lane of a two-lane, undivided, city street and was intending to turn left (i.e., and travel north) at the approaching Tee-intersection when it departed the east edge of the roadway, prior to impact. The front bumper and right front tire of the Villager (case vehicle) impacted the raised curb. Next, the front bumper and undercarriage impacted the embankment causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle's driver (16 year-old male) was normally postured, with his seat track located in its rearmost position, and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview, minor injuries which included: seat belt contusions to his left shoulder, chest, and abdomen, a contusion to his left forearm from the driver side air bag, and laceration of unknown origin to his right thumb. The right front passenger in the case vehicle (14 year-old female) was normally postured, with her seat track located in its rearmost position and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, severe injuries which included: a spinal cord injury (i.e., with incomplete cord syndrome--loss of sensation) with C ₆ fractures and a dislocation of C ₅ on C ₆ , as a result of her seat being struck from behind, primarily by the unrestrained, right rear passenger, and seat belt injuries (i.e., perforations) to her distal duodenum and proximal jejunum. In addition, she sustained soft tissue (i.e., abrasions and contusions) seat belt injuries to her right shoulder, chest, and abdomen and an abrasion to her right elbow from the right front door surface. The right rear passenger (18 year-old female) was normally postured with her seat track located in its forward-most position and was not using her available, active, three-point, lap and shoulder belt. The right rear passenger sustained, according to her medical records, a bimalleolar fracture to her right ankle, when she impacted the right lower "B"-pillar, and multiple soft tissue injuries from the right front passenger's seat back.			
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TABLE OF CONTENTS

	<u>Page No.</u>
SUMMARY	1
CRASH SCHEMATIC	2
ACCIDENT DATA	3
AMBIENT CONDITIONS	3
ROADWAY	3
TRAFFIC CONTROLS	4
VEHICLES	4
VEHICLE DAMAGE	5
EXTERIOR	5
Deployment Impact	5
First Nondeployment Impact	6
Second Nondeployment Impact	6
INTERIOR	7
REPAIR	7
VEHICLE VELOCITY ESTIMATES	7
COLLISION SEQUENCE	8
PRE-CRASH	8
CRASH	8
POST-CRASH	8
Occupants	8
Police	9
Rescue	9
Removal	10
HUMAN FACTORS/OCCUPANT DATA	11
DRIVER	11
CASE VEHICLE PASSENGERS	11
Enclosed Passenger in Front in Center	11
Right Front	11
Enclosed Passenger in Middle on Left	11
Left Rear	12
Center Rear	12
Right Rear	12
CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER INJURIES	13
CASE VEHICLE RIGHT FRONT PASSENGER INJURIES	13
CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT INJURIES	14

TABLE OF CONTENTS (CONTINUED)

	<u>Page No.</u>
CASE VEHICLE LEFT REAR PASSENGER INJURIES	14
CASE VEHICLE CENTER REAR PASSENGER INJURIES	15
CASE VEHICLE RIGHT REAR PASSENGER INJURIES	15
CASE VEHICLE DRIVER KINEMATICS	15
CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER KINEMATICS	17
CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS	17
CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT KINEMATICS	19
CASE VEHICLE LEFT REAR PASSENGER KINEMATICS	19
CASE VEHICLE CENTER REAR PASSENGER KINEMATICS	20
CASE VEHICLE RIGHT REAR PASSENGER KINEMATICS	20
AIR BAG SYSTEM	21
Appendix A: SMASH Program Results	22
Appendix B: SELECTED PHOTOGRAPHS	27

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-21

FLEET - PRIVATE VEHICLE
LOCATION -

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1996 Mercury Villager GS and an embankment occurring in 1996 at 11:40 p.m., in an urban area on a city street. This crash is of special interest because the Villager's restrained, right front passenger (14 year-old female) sustained critical cervical injuries after being struck from behind by an unrestrained occupant [18 year-old female, 74 kg (175 lbs)]--she sustained only minor injuries from her deploying air bag.

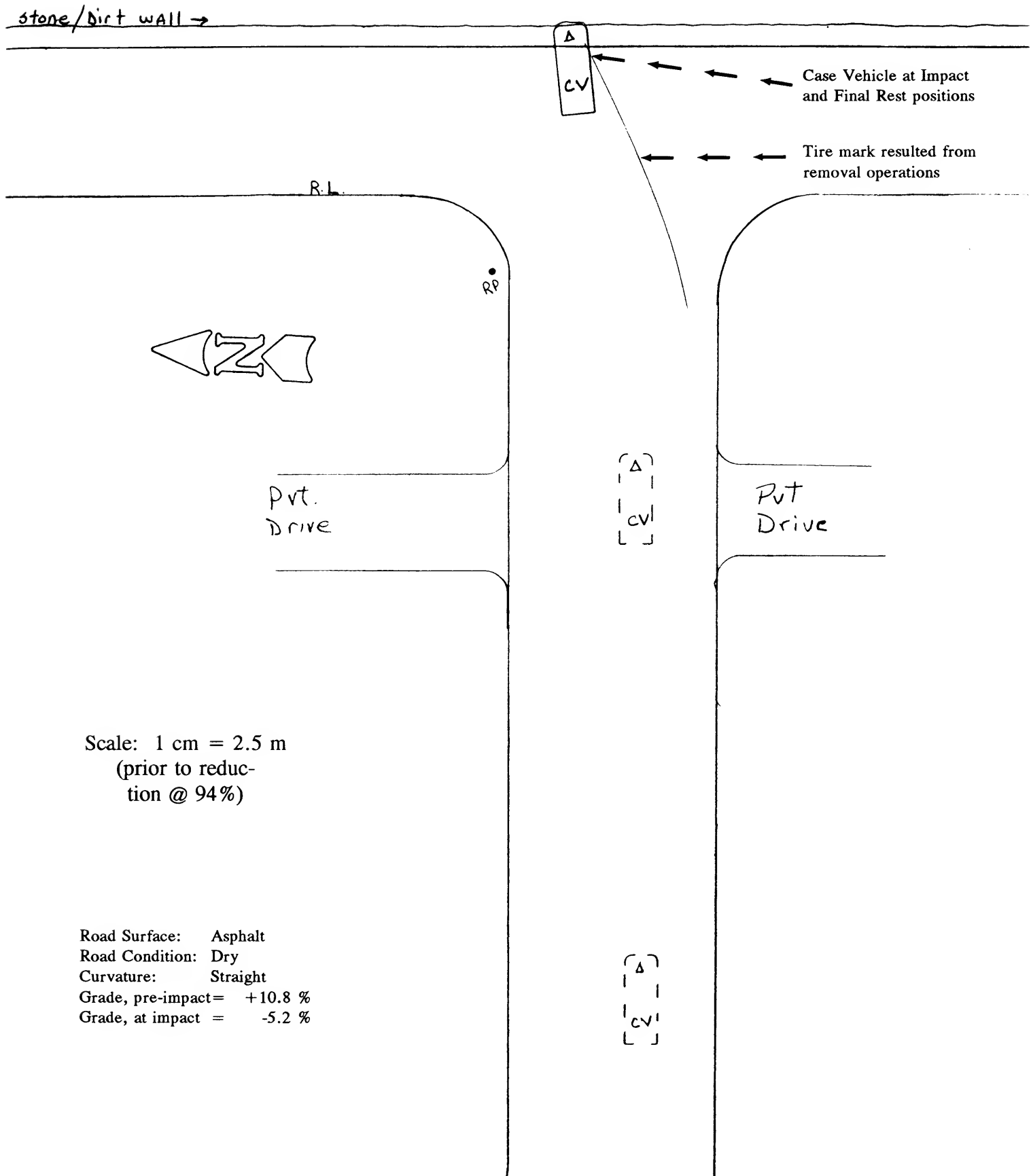
The Villager was traveling east in the eastbound lane of a two-lane, undivided, city street and was intending to turn left (i.e., and travel north) at the approaching Tee-intersection when it departed the east edge of the roadway, prior to impact. The crash occurred when the Villager impacted the curb and the embankment off of the east end of the Tee-intersection. The Villager remained partially off the east edge of the roadway after the impact and came to rest heading primarily east.

The front bumper and right front tire of the Villager impacted the raised curb. Next, the front bumper and undercarriage impacted the embankment. The Villager was towed due to damage from the scene. The CDCs were determined to be: **12-FDEW-2**, **12-FDLN-1**, and **12-FRWN-3** for the Villager. The SMASH reconstruction program, barrier algorithm, was used on the highest severity impact to the Villager. The Total, Longitudinal, and Lateral Delta Vs are respectively: 24 km.p.h. (15 m.p.h.), -24 km.p.h. (-15 m.p.h.), and -4 km.p.h. (-3 m.p.h.).

The 1996 Mercury Villager was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (16 year-old male) was normally postured, with his seat track located in its rearmost position and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview, minor injuries which included: seat belt contusions to his left shoulder, chest, and abdomen, a contusion to his left forearm from the driver side air bag, and laceration of unknown origin to his right thumb. The right front passenger (14 year-old female) in the Villager was normally postured, with her seat track located in its rearmost position and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to her medical records, severe injuries which included: a spinal cord injury (i.e., with incomplete cord syndrome--loss of sensation) with C₆ fractures and a dislocation of C₅ on C₆, as a result of her seat being struck from behind, primarily by the unrestrained, right rear passenger, and seat belt injuries (i.e., perforations) to her distal duodenum and proximal jejunum. In addition, she sustained soft tissue (i.e., abrasions and contusions) seat belt injuries to her right shoulder, chest, and abdomen and an abrasion to her right elbow from the right front door surface. The second occupant (16 year-old male), who was kneeling on the floor between the driver's and right front passenger's seats, and the fourth occupant (15 year-old female), who was seated on the floor behind the driver's seat, were not seated and abnormally postured. Neither had any restraints available. The three rear seated passengers (15 year-old female--left rear, 15 year-old female--center rear, and 18 year-old female--right rear) were normally postured with their seat track located in its forward-most position. None of the three rear seated occupants were using their available safety belts. According to occupant #2 and his medical records, he sustained minor facial injuries, including a fractured nose, from striking the center dash. Occupant #4 sustained some contusions from the rear-seated occupants that landed on top of her during the crash. The left and center rear passengers sustained soft tissue injuries. The right rear passenger sustained, according to her medical records, a bimalleolar fracture to her right ankle, when she impacted the right lower "B"-pillar, and multiple soft tissue injuries from the right front passenger's seat back.

CRASH SCHEMATIC

TRC/IU CASE NO. 96-21



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-21

FLEET - PRIVATE VEHICLE
LOCATION -

ACCIDENT DATA

Location/Street:	City Street
State:	
Area/Type:	Urban, residential
Accident Date/Time:	@ 11:40 p.m.
Investigating Police Agency:	City Police Department
Accident Type:	Minivan - ran-off-road {head-on into embankment at top of Tee intersection}
Occupant Injury Severity (air bag vehicle):	Spinal cord injury (incomplete cord syndrome) with fracture and dislocation (AIS-4)

AMBIENT CONDITIONS

Light Conditions:	Dark, road lighted
Weather Condition:	Clear
Precipitation:	None
Road Surface:	Dry
Temperature:	Unknown

ROADWAY

Case Vehicle

Location:	City street
Number of Travel Lanes:	Two-lanes, undivided
Width:	5.4 m (17.7 feet, including parking lane)
Surface Type:	Bituminous
Median:	None
Shoulders:	Curbed [19 centimeters high (7.5 inches)] with grass roadside

ROADWAY (CONTINUED)**Case Vehicle**

Vertical alignment:	Pre-impact: +10.8% to the east; At impact: -5.2% to the east
Horizontal alignment:	Straight
Estimated Coefficient of Friction:	0.70
Traffic Density:	No other traffic

TRAFFIC CONTROLS**Case Vehicle**

Signals:	None
Signs:	None
Markings:	None
Speed Limit:	48 km.p.h. (30 m.p.h.)

VEHICLES**Case Vehicle**

Year:	1996
Make:	Mercury
Model:	Villager GS
Body Type:	Three-door, five-passenger, minivan (i.e., seven seats is an option on the GS)
V.I.N.	4M2DV11W5TD-----
Color:	Navy blue
Mileage:	17,730 km (11,017 miles)
Engine:	3.0 liters, V-6
Transmission:	Automatic four speed with overdrive
Steering:	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, front disc, rear drum

VEHICLES¹ (CONTINUED)Case Vehicle

Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear ¹ outboard seating positions; lap belt only at rear ¹ center position
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)
Anti-lock brakes:	Yes, four wheel
Defects:	None
Fleet:	Private vehicle
Tow status:	Towed due to damage

VEHICLE DAMAGE

EXTERIORCase VehicleDeployment Impact

Event number:	Three
Object Struck:	Embankment
Damage location	
Damaged Plane:	Front
Vertical Location	
On Plane:	Bumper
Direct Begins:	Bumper corner to bumper corner
Length Direct:	130 cm (51.2)
Field L:	148 cm (58.3 in)
C ₁ :	9 cm (3.5 in)
C ₂ :	11 cm (4.3 in)
C ₃ :	29 cm (11.4 in)
C ₄ :	22 cm (8.7 in)
C ₅ :	18 cm (7.1 in)
C ₆ :	18 cm (7.1 in)
D:	0 cm (0.0 in)
Maximum Crush:	29 cm (11.4 in)
Location:	C ₃

¹ Unlike most minivans, the case vehicle was not equipped with a second row of seats; however, manual, three-point, lap and shoulder belts were provided for a second seating area.

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)

Case Vehicle

Deployment Impact (Continued)

CDC:

12-FDEW-2 (+ 10)

Damaged Components:

Front bumper, grille, hood, and air dam; right and left front headlight assemblies and fenders, and undercarriage

First Nondeployment Impact

Event number:

One

Object Struck:

Curb

Damage location:

Damaged Plane:

Front

Vertical Location

On Plane:

Undercarriage

Direct Begins:

Across whole front

Length Direct:

Not applicable

Field L:

Not applicable

C₁:

Not applicable

C₂:

Not applicable

C₃:

Not applicable

C₄:

Not applicable

C₅:

Not applicable

C₆:

Not applicable

D:

Not applicable

Maximum Crush:

Not applicable

Location:

Not applicable

CDC:

12-FDLN-1

Damaged Components:

Front frame and suspension

Second Nondeployment Impact

Event number:

Two

Object Struck:

Curb

Damage location:

Damaged Plane:

Front

Vertical Location

On Plane:

Wheel

Direct Begins:

Right front tire

Length Direct:

Not applicable

Field L:

Not applicable

C₁:

Not applicable

C₂:

Not applicable

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Second Nondeployment Impact** (Continued)

C ₃ :	Not applicable
C ₄ :	Not applicable
C ₅ :	Not applicable
C ₆ :	Not applicable
D:	Not applicable
Maximum Crush:	Not applicable
Location:	Not applicable
 CDC:	 12-FRWN-3
Damaged Components:	Right front tire and wheel rim

INTERIOR

Damaged Components:	Driver and right front passenger air bag modules and seat backs
Other Evidence of Occupant Contact:	Center dash, right center glazing (i.e., glazing for right rear door), and bottom of right B-pillar
Manual Restraint System Failures:	None
Seat Performance Failures:	Right and left front seat tracks and seat backs

REPAIR

Cost Estimate:	Unknown
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VEHICLE VELOCITY ESTIMATES²

Highest Delta "V"**Case Vehicle**

Reconstruction Program:	SMASH
Program Algorithm:	Damage only, barrier option
Travel Speed: ²	56 km.p.h. (35 m.p.h.)
Total Delta "V":	24 km.p.h. (15 m.p.h.)
Longitudinal Delta "V":	-24 km.p.h. (-15 m.p.h.)

² This speed estimate is based on the interview with the case vehicle's driver, the scene inspection, and the crash dynamics.

VEHICLE VELOCITY ESTIMATES (CONTINUED)**Highest Delta "V" (Continued)****Case Vehicle**

Lateral Delta "V":

-4 km.p.h. (-3 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: The case vehicle (Villager) was traveling east in the eastbound lane of a two-lane, undivided, city street and was intending to turn left (i.e., and travel north) at the approaching Tee-intersection. The case vehicle had just driven down a steep decline then up a steep incline (i.e., approximately +11%) immediately prior to the Tee-intersection; see **SELECTED PHOTOGRAPHS #01, #02, and #10**. According to the case vehicle's driver, he braked as he started going up the incline toward the Tee-intersection; however, when he realized he was going too fast to make the left-hand turn he braked harder³. Despite the attempted avoidance maneuver, the case vehicle continued eastbound, departing the east edge of the roadway, prior to impact. The crash occurred when the case vehicle impacted the curb and the embankment off of the east end of the Tee-intersection.

CRASH: Based on the scene and vehicle inspection, the case vehicle's front bumper and right front tire struck the raised curb⁴. Next, the front bumper and undercarriage impacted the embankment⁵ causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. Based on the Police Accident Report and the case vehicle's driver, the case vehicle remained partially off the east edge of the roadway after the impact and came to rest heading primarily east.

POST-CRASH:

Occupants: According to the Police Accident Report, the case vehicle's driver, and the other interviewees, all seven occupants remained inside the vehicle at final rest. According to the case vehicle's driver, he was conscious and able to exit the case vehicle without assistance. According to the Police accident Report, the vehicle inspection, and the case vehicle's driver, he was restrained by his available, active, three-point, lap and shoulder belt at the time of the crash.

According to the case vehicle's driver and the emergency medical technician's report, the front right passenger may have been unconscious after the crash and

³ It should be noted that (1) no pre-crash braking marks were found during the scene inspection, (2) braking marks are reported on the Police Accident Report, and (3) the case vehicle was equipped with four-wheel anti-lock brakes. Based on the scene inspection, the case vehicle's driver steered left prior to departing the roadway.

⁴ According to the case vehicle's driver, he does not recall impacting the curb, stating he only felt one impact.

⁵ The embankment was built behind a metal fencing with chunks of rock as a barrier between the earth and fencing; see **SELECTED PHOTOGRAPHS #06, #07, and #09**.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Occupants: (Continued)

was unable because of her injuries to exit the case vehicle⁶. According to the Police Accident Report, the vehicle inspection, and the case vehicle's driver, the right front passenger was restrained by her available, active, three-point, lap and shoulder belt at the time of the crash.

According to the case vehicle's driver, the second occupant, who was kneeling on the floor (i.e., no restraint available) between the driver's and right front passenger's seats, was conscious following the crash and able to exit the case vehicle. Likewise, the fourth occupant, who was seated on the floor behind the driver's seat (i.e., no restraints available), was conscious and able to exit the case vehicle following the crash.

According to the mother of the left rear passenger, her daughter was conscious following the crash and able to exit without assistance. According to the mother of the center rear passenger, her daughter was conscious following the crash and was able to exit the case vehicle most likely with some assistance, because her daughter does not remember exiting the vehicle. According to the right rear passenger, she was conscious following the crash and exited the vehicle with some assistance. According to the Police Accident Report and the left rear passenger's mother, both outboard rear occupants were restrained by their available, active, three-point, lap and shoulder belts. According to the Police Accident Report the center rear passenger was not using her available, active, two-point, lap belt⁷. Based on the vehicle inspection, none of the three rear seated occupant's safety belts showed any evidence of usage during this crash. According to the right rear passenger, neither the center rear passenger nor herself were using their available safety belts.

Police: The investigating police agency was notified of the crash within 9 minutes post-crash and arrived on-scene 6 minutes later. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: According to the Police Accident Report and the case vehicle's driver, the driver was not transported to a medical facility but, according to the driver, did receive medical treatment later from a private physician. According to the Police Accident Report and the case vehicle's driver, the front, floor-seated passenger and the right front passenger were both transported by ambulance to a medical facility where the floor-seated passenger was treated and released while the right front passenger was hospitalized. According to the Police Accident Report, of

⁶ According to the EMT's report, the right front passenger was removed from the van by someone in the van and thought she may have "passed out". Subsequently, in the emergency room--according to the Emergency Room Report, she denied having lost consciousness. Given the critical nature of her cervical injuries, one can only wonder if any C-spine precautions were taken during this occupant's removal from the vehicle by any one or more of the other six teenage passengers?

⁷ The center rear passenger's mother did not know her daughter's restraint usage.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Rescue: (Continued)

the four other passengers in the case vehicle, only the right rear passenger was transported by ambulance. According to the available evidence, the enclosed passenger in the middle on the left was not treated. According to the left rear passenger's mother, her daughter was not treated. According to the center rear passenger's mother, her daughter received treatment later from a private physician. According to the right rear passenger, she was treated and released; however, according to her medical records, she was hospitalized for at least a short stay.

According to the case vehicle's driver, he sustained seat belt contusions to his left shoulder, chest, and abdomen, a contusion to his left forearm from the driver side air bag, and a laceration of unknown origin to his right thumb. According to the interview with the floor-seated, front passenger and his medical records, he sustained minor facial injuries, including a fractured nose, avulsed left incisor, dislocated upper tooth, nose abrasions, and facial lacerations, from striking the center dash. In addition, he sustained an abrasion to his right inner wrist from the passenger side air bag and bilateral knee abrasions and contusions from the center dash. According to right front passenger's medical records, she sustained a severe spinal cord injury (i.e., with incomplete cord syndrome--loss of sensation) with C₆ fractures and a dislocation of C₅ on C₆, as a result of her seat being struck from behind, primarily by the unrestrained, right rear passenger, and seat belt injuries (i.e., perforations) to her distal duodenum and proximal jejunum. In addition, she sustained soft tissue (i.e., abrasions and contusions) seat belt injuries to her right shoulder, chest, and abdomen and an abrasion to her right elbow from the right front door surface. According to the interviewees, the enclosed area passenger in the middle on the left sustained some contusions (locations not specified) during the crash from the rear-seated occupants that landed on top of her following the impact. According to the interview with the left rear passenger's mother, her daughter sustained a left cheek abrasion from the driver's seat back and a contusion to her right skin from impacting the other occupants. According to the interview with the center rear passenger's mother, her daughter sustained contusions to her right knee and lower leg and a sprain right ankle from the right front seat back. In addition, she sustained a closed head injury (i.e., claims amnesia to event). The right rear passenger sustained, according to her medical records, a bimalleolar fracture to her right ankle, with rupture of right deltoid ligament, when she impacted the right lower "B"-pillar. In addition, she sustained, according to her interview, (1) a contusion to her forehead from the interior roof surface, (2) abrasions and lacerations to her right elbow from the right rear door glazing, and (3) contusions under both arms, abrasions and lacerations to her left knee, and a sprained left ankle from striking the right front passenger's seat back.

Removal: Following the police investigation, the case vehicle was towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVER:</u>	<u>Case Vehicle</u>
Age:	16 year-old
Sex:	Male
Height:	183 cm (72 in)
Weight:	86 kg (190 lbs)
Occupation:	High school student
Active Restraint System/Usage:	Three-point lap and shoulder/Used
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report
Eyeglasses/contacts:	Contacts
Vehicle Familiarity:	Three months, 805 kilometers (500 miles) total
Route Familiarity:	Infrequently
Trip Plan:	Restaurant to joyriding, per driver
Manner of Leaving Scene:	Parent came to pick-up
Type of Medical Treatment:	Treatment later

<u>CASE VEHICLE PASSENGERS:</u>	<u>Enclosed Passenger in Front in Center</u>	<u>Right Front</u>	<u>Enclosed Passenger in Middle on Left</u>
Age:	16 year-old	14 year-old	15 year-old
Sex:	Male	Female	Female
Height:	183 cm (72 in)	160 cm (63 in)	168 cm (67 in)
Weight:	70 kg (155 lbs)	43 kg (95 lbs)	52 kg (115 lbs)
Active Restraint System/Usage:	No restraints available	Three-point lap and shoulder/Used	No restraints available
Usage Source:	Vehicle inspection	Vehicle inspection, interviewee, and Police Accident Report	Vehicle inspection

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

CASE VEHICLE PASSENGERS: (Continued)	Enclosed Passenger in Front in Center	Right Front	Enclosed Passenger in Middle on Left
Passive Restraint System/Usage:	Not equipped	Factory installed air bag/air bag de- ployed	Not equipped
Usage Source:	Not applicable	Vehicle inspection, interviewee, and Police Accident Report	Not applicable
Eyeglasses/contacts:	Not applicable	None	Not applicable
Manner of Leaving Scene:	Ambulance	Ambulance	Parent picked-up
Type of Medical Treatment:	Treated and re- leased	Hospitalized	Not treated
CASE VEHICLE PASSENGERS:	Left Rear	Center Rear	Right Rear
Age:	15 year-old	15 year-old	18 year-old
Sex:	Female	Female	Female
Height:	160 cm (63 in)	168 cm (66 in)	170 cm (67 in)
Weight:	45 kg (100 lbs)	51 kg (112 lbs)	79 kg (175 lbs)
Active Restraint System/Usage:	Three-point lap and shoulder/Not used	Two-point lap belt/Not used	Three-point lap and shoulder/Not used
Usage Source:	Vehicle inspection	Vehicle inspection and Police Acci- dent Report	Vehicle inspection, interviewee, and Police Accident Report
Passive Restraint System/Usage:	Not equipped	Not equipped	Not equipped
Usage Source:	Not applicable	Not applicable	Not applicable
Eyeglasses/contacts:	Not applicable	Not applicable	Not applicable
Manner of Leaving Scene:	Picked up by parent	Picked up by parent	Ambulance
Type of Medical Treatment:	No treatment	Treatment later	Hospitalized

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Laceration {perforation/rupture} distal duodenum	541024.4,7	2	Right front safety belt webbing	{Probable}
Laceration {perforation/rupture} proximal jejunum	541424.3,8	2	Right front safety belt webbing	{Probable}
Abrasion diagonally across chest	490202.1,4	3	Right front safety belt webbing	{Certain}
Contusion {ecchymosis} diagonally across chest	490402.1,4	2	Right front safety belt webbing	{Certain}
Abrasion across lower abdomen and to left waist	590202.1,8	3	Right front safety belt webbing	{Certain}
Contusion, linear, to lower abdominal wall, above anterior iliac crest	590402.1,8	2	Right front safety belt webbing	{Certain}
Abrasion right neck/clavicular area	790202.1,1	2	Right front safety belt webbing	{Certain}
Abrasion right elbow	790202.1,1	3	Right front door's armrest	{Certain}

CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT INJURIES¹²

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusions, locations not specified	990400.1,9	7	Other occupants ¹²	{Probable}

CASE VEHICLE LEFT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left cheek	290202.1,2	7	Seat back, left front	{Probable}
Contusion {bruise} right skin	890402.1,1	7	Other occupant	{Probable}

¹² According to the mothers of the other rear seated occupants, the rear seated occupants landed on this occupant at final rest.

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion {bruising} left shoulder	790402.1,2	7	Driver's safety belt webbing	{Probable}
Contusion {bruising} across chest	490402.1,4	7	Driver's safety belt webbing	{Probable}
Contusion {bruising} across abdomen	590402.1,8	7	Driver's safety belt webbing	{Probable}
Contusion left forearm	790402.1,2	7	Air bag, driver's side	{Probable}
Laceration right thumb	790600.1,1	7	Unknown	{Unknown}

CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER INJURIES⁸

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fractured nose	251002.1,4	3	Center dash	{Certain}
Avulsed left incisor	251406.1,8	3	Center dash	{Certain}
Dislocated upper tooth	251402.1,8	7	Center dash	{Certain}
Abrasion nose	290202.1,4	3	Center dash	{Certain}
Lacerations ⁸ face, not further specified	290600.1,9	6	Center dash	{Probable}
Abrasion right inner wrist	790202.1,1	3	Air bag, passenger's side	{Possible}
Abrasion bilateral knees	890202.1,3	3	Center dash	{Probable}
Contusion bilateral knees	890402.1,3	7	Center dash	{Probable}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{9,10,11}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
incomplete cord syndrome (i.e., loss of sensation ⁹) with C ₆ fractures ¹⁰ and dislocation ¹¹ of C ₅ on C ₆	640218.4,6	2	Right rear occupant struck & deformed right front seat's headrest	{Certain}

⁸ These lesions could be the same as the abrasion(s) described on the nurses notes; however, because their locations was not specified, they are listed here.

⁹ The discharge summary concluded that this patient was thought to have some sensation to her lower extremities even though she was unable to move her legs during her hospitalization. She has had questionable movement to stimulation; although, she has sensation to her pelvis and some rectal tone. Her reflexes were absent.

¹⁰ This patient sustained a compression fracture (i.e., 20%) to her C₆ vertebral body, but the location of the compression was not specified. In addition, she had a fracture through the right lamina of C₆.

¹¹ There was a three millimeter anterior movement of C₅ on C₆.

CASE VEHICLE CENTER REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Closed head injury (i.e., claims amnesia to event)	115099.7,0	7	Seat back, right front	{Probable}
Contusions {bruises} to right knee and lower leg	890402.1,1	7	Seat back, right front	{Probable}
Sprain right ankle	850206.1,1	7	Seat back, right front	{Probable}

CASE VEHICLE RIGHT REAR PASSENGER INJURIES^{13,14}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fracture ¹³ , bimalleolar, right ankle with rupture of right deltoid ligament ¹⁴	853418.3,1	2	Right lower "B"-pillar	{Certain}
Contusion {knot} on forehead	290402.1,7	7	Roof, right side	{Possible}
Contusions {bruises} under both arms	790402.1,3	7	Seat back, right front	{Probable}
Abrasion right elbow	790202.1,1	7	Right rear door (sliding) glazing	{Certain}
Laceration right elbow	790600.1,1	7	Right rear door (sliding) glazing	{Certain}
Abrasion left knee	890202.1,2	7	Seat back, right front	{Probable}
Laceration left knee	890600.1,2	7	Seat back, right front	{Probable}
Sprain left ankle	850206.1,2	7	Floor	{Probable}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash he was abnormally postured (i.e., seated upright with his back against the seat back, his left foot on the floor and, his right foot on the brake, and both hands on the steering wheel bracing for the impending crash). According to the case vehicle's driver, he was not sure where his seat track was positioned--only that it was towards the back position, but the seat back was in the complete upright position. The case vehicle's driver was not sure of the exact position of the tilt steering wheel since he had never adjusted it, but he seemed to think it was located in the center position. According

¹³ The fractures involved the right lateral malleolus and the posterior malleolus, which was minimally displaced.

¹⁴ According to the ORTHOPAEDIC DICTIONARY, authored by Hoppenfeld, Stanley and Michael S. Zeide, published by J. B. Lippincott Company, this key term is defined as follows:
deltoid ligament (del'toid lig'ah-ment) -- a strong ligament on the medial side of the ankle joint attached proximally to the medial malleolus. It expands distally to attach to the navicular tuberosity, os calcis, and talus.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

to the vehicle inspection, the driver's seat track was initially located in its rearmost position, but due to loading from rear occupants, the seat track's locking mechanism failed allowing it to move forward close to the middle position. The driver's seat back, which appeared to have been in the upright position, had been bent forward also due to loading from the rear occupants. The vehicle inspection also showed that the tilt steering wheel was located in its middle position, and the upper anchorage adjustor for the driver side shoulder belt was in the middle position. According to the Police Accident Report, the vehicle inspection, and driver's interview, he was also restrained by the available, active, three-point, lap and shoulder belt. The case vehicle's driver reported seat belt pattern bruising to his upper torso and abdomen. This belt patterned bruising was most likely exacerbated by the failure of the seat track locking mechanism and the loading of the driver's seat back by the rear occupants. This loading causing him to be squeezed between the seat back and the locked-up three-point lap and shoulder belt. According to the case vehicle's driver and other interviewed passengers, he attempted to avoid the crash by braking¹⁵. As a result of this attempted avoidance maneuver and the use of his available safety belts, he most likely moved slightly forward just prior to the initial impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact¹⁶ with the embankment, not only deployed the driver's side air bag, but thrust the driver forward and upwards enabling him to contact the sunvisor; see **SELECTED PHOTOGRAPHS #35 and #37**. An inspection to the front of the driver's air bag revealed blood smears to the upper half with blood splatter to the right side around the three o'clock position; see **SELECTED PHOTOGRAPHS #35 and #36**. The splatter near three o'clock is most likely from occupant #2 (i.e., the floor-seated, front passenger who was seated between the two front bucket seats); see **SELECTED PHOTOGRAPH #39**. In addition, there was a large area of blood splatter to the back of the driver's air bag concentrated primarily to the right (passenger) side most likely from occupant #2; see **SELECTED PHOTOGRAPH #41**. This contractor was unable to find any visible evidence of driver facial contact to the air bag or any evidence of driver interaction with the driver side air bag module's cover flap.

After the primary impact with the embankment, the driver most likely rebounded back into his seat near his original seating position. The driver had no recollection of his seating posture post-crash but felt certain if he had come to final rest much out of position he would have recalled it. The driver's use of his available, active, three-point, lap and shoulder belt combined with his deploying air bag protected him from serious injury.

¹⁵ It should be noted that (1) no pre-crash braking marks were found during the scene inspection, (2) braking marks are reported on the Police Accident Report, and (3) the case vehicle was equipped with four-wheel anti-lock brakes. Based on the scene inspection, the case vehicle's driver steered left prior to departing the roadway.

¹⁶ The case vehicle's impacts with the curb were relatively minor in nature. The effect of these impacts on the seven occupants was to cause each to move slightly forward. For the driver and right front passenger, the forward movement would have caused some slight amount of loading against their respective safety belts. The vault which followed the curb impacts would have caused all seven occupants to move slightly upward, relative to the downward motion of the case vehicle. Once again, for the case vehicle's driver and right front passenger, the upward movement would have added to the loading on their safety belts, respectively.

CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER KINEMATICS

According to the case vehicle's driver (i.e., friend) and this occupant, immediately prior to the crash, occupant #2 (i.e., floor-seated, front passenger) was abnormally postured (i.e., facing forward, kneeling on the floor in between the two front bucket seats, and holding onto each seat's inside arm rest bracing for the crash). This occupant had no seat and no available restraints.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the unavailability of any safety belts, occupant #2 moved slightly forward and to his right just prior to impact.

Based on the interviews with this occupant and the case vehicle's driver, the vehicle and scene inspections, and occupant kinematic principles, the case vehicle's primary impact with the embankment thrust this unrestrained occupant forward, upward, and slight rightward where he impacted the center dash with his face; see **SELECTED PHOTOGRAPHS #39 and #40**. This dash contact dented the dash, knocked out part of the air vent grate, and caused his facial injuries (i.e., broken nose, avulsed and dislocated teeth, nasal abrasion, and facial lacerations).

Following the crash this occupant most likely fell backwards onto the floor of the case vehicle. According to this occupant, at final rest he was momentarily unconscious¹⁷. Upon regaining consciousness he only remembers laying on the floor of the case vehicle, prior to exiting the case vehicle.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., friend) and occupant #2 (i.e., brother), immediately prior to the crash the right front passenger was normally postured (i.e., seated upright with her back against the seat back, her feet on the floor, and both arms most likely in her lap¹⁸). According to the case vehicle's driver, he wasn't sure how the right front passenger's seat track or seat back was located, but he thought it was similar to his (i.e., towards the back position and upright, respectively). According to the vehicle inspection, the right front passenger's seat track was located in its rearmost position and the seat back appeared to have been in the upright position, but due to significant occupant loading from the rear occupants, the seat back was bent forward to the mid-range position. This occupant's the upper anchorage adjustor for the right front shoulder belt was found in the full-up position. According to the vehicle inspection, the driver's interview, and this occupant's medical records, she was also restrained by her available, active, three-point, lap and shoulder belt. The loading evidence to this occupant's three-point, lap and shoulder belts and hardware is very obvious; see **SELECTED PHOTOGRAPHS #48 through #54**.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the use of her available safety belts, the right front passenger most likely moved slightly forward and to her right just prior to impact.

¹⁷ According to this occupant's medical records, he was ambulatory at the scene, alert and oriented x 3, and no loss of consciousness was indicated.

¹⁸ According to the case vehicle's driver and occupant #2, they could not recall how her arms were positioned. It should be noted that the right front occupant could not recall anything about the crash due to her traumatic injuries.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

Based on the interviews with the case vehicle's driver with occupant #2 (i.e., brother), the vehicle and scene inspections, and occupant kinematic principles, the case vehicle's primary impact with the embankment, not only deployed the right front passenger side air bag, but thrust the right front passenger forward and upward loading her safety belt and contacting her deploying air bag. An inspection of the right front passenger's air bag revealed a possible small oil/makeup transfer to the mid-lower left, just below the tether seam. In addition, there was a sparse splatter of blood to the front of the right front passenger's air bag; see **SELECTED PHOTOGRAPHS #42** and **#43**. The majority of this blood splatter was a result of occupant #2's contacting the center dash with his face, braking his nose and damaging his teeth. An inspection of right front passenger side air bag module's cover flap showed no evidence of occupant interaction. As the right front passenger moved forward, the occupant restraints worked as designed and most likely would have prevented her from sustaining any serious injuries, had it not been for the unrestrained rear occupants. This opinion is based on the lack of serious injuries sustained by the case vehicle's driver and the lack of any facial injuries sustained by the right front passenger as a result of her interaction (i.e., no abrasions, contusions, etc.) with her air bag.

Based on the vehicle inspection, occupant interviews, and occupant kinematic principles, following the impact with the embankment and the subsequent air bag deployment, the right front passenger was most likely in the process of rebounding back from the contact with the air bag when her seat back was struck from behind by unrestrained female occupants #6 (center rear passenger--51 kilograms (112 pounds) and #7 [right rear passenger--79 kilograms, (175 lb)].

The center and right rear (primarily) occupants loaded the right front passenger's seat back. Specifically, the right rear occupant's upper torso struck the upper portion of this occupant's seat back and head restraint causing this occupant to be thrown back forward. The impact to this occupant's seat back was so great that the seat back was bent from the upright position to the mid-range position, a distance of approximately 33 centimeters (13 inches); see **SELECTED PHOTOGRAPH #71**. An inspection of this passenger's seat belt showed approximately 5 centimeters (2 inches) of loading evidence where the belt's webbing went through the D-ring (see **SELECTED PHOTOGRAPH #54**) as well as loading evidence on the D-ring itself; see **SELECTED PHOTOGRAPHS #52** and **#53**. Based on an interview with this occupant's neurosurgeon, this contractor believes that this impact to the upper seat back/head restraint by the unrestrained left rear occupant is what caused the severe cervical spine injuries sustained by this occupant. Had occupant's #6 and #7 been properly restrained, this contractor believes the right front passenger would not have sustained any serious injuries. The air bag and manual restraint appear to have worked properly and, in this contractor's opinion, did not contribute to this passenger's severe cervical spine injuries. It should be noted, however, that according to the neurosurgeon, this passenger's available, active, three-point, lap and shoulder belt, combined with the loading from the rear occupants, did contribute to this occupant's small bowel injuries.

According to the case vehicle's driver and occupant #2, at final rest this occupant was semi-conscious and was slumped forward with the torso portion of her belt still holding her relatively upright.

CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT KINEMATICS

According to the case vehicle's driver and the other interviewees, immediately prior to the crash, occupant #4 (i.e., the enclosed passenger in the middle on the left) was abnormally postured (i.e., facing rearward and seated on the floor behind the case vehicle's driver seat--the exact position of her legs/feet and arms/hands is unknown). This occupant had no seat and no available restraints.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the unavailability of any safety belts, the occupant #4 moved slightly forward (i.e., toward the driver's seat back) and to her right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with the embankment thrust this unrestrained occupant forward, upward, and slight rightward where she further load the base of the case vehicle's driver seat back. This loading to the driver's seat back was compounded as rear seat occupant #5 was thrown forward into the driver's seat back prior to landing on top of this occupant. According to the interviewees, this occupant suffered minor soft tissue injuries (i.e., contusions) primarily from the other two occupants (i.e., occupant #5 and #6) who landed on top of her during the crash.

According to the interviewees, at final rest this occupant was laying on the floor with occupants #5 and #6 on top of her.

CASE VEHICLE LEFT REAR PASSENGER KINEMATICS

According to the interview with this occupant's mother, immediately prior to the crash, the left rear passenger was normally postured (i.e., sitting upright with her back against the seat back and both feet on the floor--the mother was unsure how her daughter's hands were positioned). According to this occupant's mother, the location of the left rear passenger's seat track was unknown. According to the vehicle inspection, the left rear passenger's seat track was located in its forward-most position, and the seat back was not adjustable. According to the Police Accident Report and this occupant's mother, the left rear passenger was restrained by her available, active, three-point, lap and shoulder belt. The mother did state that the belt was worn loosely. According to the vehicle inspection, the lack of belt pattern injuries, and this occupant's location at final rest, she was not wearing her safety belt.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the nonuse of her available safety belts, the left rear passenger moved slightly forward and to her right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with the embankment thrust this unrestrained occupant forward and slightly upward and rightward into the driver's seat back and on top of occupant #4 (i.e., the enclosed passenger in the middle on the left) who was seated on the floor behind the case vehicle's driver seat.

According to this occupant's mother and the other interviewees, at final rest she was conscious and lying on the floor on top of occupant #4.

CASE VEHICLE CENTER REAR PASSENGER KINEMATICS

According to the interview with this occupant's mother, immediately prior to the crash, the center rear passenger was normally postured (i.e., seated upright with her back against the seat back, both feet on the floor--the mother was unsure how her daughters hands were positioned). According to this occupant's mother, the location of the center rear passenger's seat track was unknown. According to the vehicle inspection, the center rear passenger's seat track was located in its forward-most position, and the seat back was not adjustable. According to this occupant's mother, the left rear passenger's restraint usage is unknown. According to the Police Accident Report, the vehicle inspection, the lack of belt pattern injuries, and this occupant's location at final rest, the center rear passenger was not using her available, active, two-point, lap belt.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the nonuse of her available safety belts, the center rear passenger moved slightly forward and to her right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with the embankment thrust this unrestrained occupant forward and slightly upward and rightward into the left part of the right front passenger's seat back (see **SELECTED PHOTOGRAPHS #55, #60, and #63**) and on top of occupant #4 (i.e., the enclosed passenger in the middle on the left), who was seated on the floor behind the case vehicle's driver seat, and occupant #5 (i.e., the left rear passenger), who also landed in the middle area behind the front seats.

According to the interviewees, at final rest the center rear passenger was on the floor laying on top of occupants #4 and #5. According to this occupant's mother, she does not remember leaving her seat during the crash or exiting the vehicle post-crash.

CASE VEHICLE RIGHT REAR PASSENGER KINEMATICS

According to the interview with the right rear passenger, immediately prior to the crash, the right rear passenger was normally postured (i.e., seated upright with her back against the seat back, her feet on the floor, and her hands were most likely next to her on her lap). According to her interview, the location of the right rear passenger's seat track was unknown. According to the vehicle inspection, the right rear passenger's seat track was located in its forward-most position, and the seat back was not adjustable. According to the Police Accident Report, the right rear passenger was restrained by her available, active, three-point, lap and shoulder belt. According to the vehicle inspection, this occupant's interview, the lack of belt pattern injuries, and this occupant's location at final rest, she was not wearing her safety belt.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and slight leftward steer) and the nonuse of her available safety belts, the right rear passenger moved slightly forward and to her right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with the embankment thrust this unrestrained occupant forward and slightly upward and rightward where she contacted the right roof with her head, right "B"-pillar with her right foot, the right rear door glazing with her right elbow, and right front passenger's seat back/head restraint with her torso and lower left extremities; see **SELECTED PHOTOGRAPHS #60, #61, #63, and #65**. Based on the vehicle inspection, this occupant continued forward over the

CASE VEHICLE RIGHT REAR PASSENGER KINEMATICS (CONTINUED)

top of the right front passenger's seat back where she contacted the right front sunvisor and windshield with her head; see **SELECTED PHOTOGRAPHS #66, #68, and #69.**

Based on occupant kinematics, after the crash she most likely rebounded backwards onto the floor in the middle of the case vehicle. According to her interview, she landed on the other three occupants¹⁹ who were in the middle of the case vehicle. According to this occupant, at final rest she was semi-conscious. Upon regaining consciousness she only remembers laying on the floor in the middle of the case vehicle. According to this occupant she remembered that her sister (occupant #4) had already exited the case vehicle and asked someone to help her out even though she knew she had a broken right ankle.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 63 cm (24.8 in)	Width: 53 cm (20.9 in) Height: 55 cm (21.7 in)
Number of Vent Holes:	Two	Two
Vent Hole Diameter:	4 cm (1.6 in)	2.5 cm (1.0 in) each
Vent Hole Clock Positions:	Approximately 11 and 1 o'clock	Approximately 10 and 2 o'clock
Number of Air Bag Tethers:	Two, each 7 cm (2.8 in) wide	One, 46 cm (18.1 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 25 cm (9.8 in) Height: 8 cm (3.1 in)	Width: 46 cm (18.1 in) Height: 15 cm (5.9 in)
Lower Cover Flap Dimensions:	Width: 20 cm (7.9 in) Height: 8 cm (3.1 in)	Not applicable
Distance between Dash and Module's Cover Flap:	Not applicable	3 cm (1.2 in)
Generant Residue:	No unusual amount found	No unusual amount found

¹⁹ Occupant #4 (i.e., the enclosed passenger in the middle on the left), who was seated on the floor behind the case vehicle's driver seat, and occupants #5 (i.e., the left rear passenger) and #6 (i.e., center rear passenger) who also landed in the middle area behind the front seats.

Appendix A:

SMASH PROGRAM RESULTS



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9621

Case No.-Stratum

03

Accident Event
Sequence No.

1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

1996

MERCURY

VILLAGER

VN

12 FDEW2

± 10°

± 80°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

BARRIER

±

±

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

1816 + 426 + 3 = 2245 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

285 cm

482 cm

187 cm

3.0 L

FW D

4

7

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

+ + = kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

cm

cm

cm

kg

L

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

148 cm

± 0 cm

C1 9 cm

C2 11 cm

C3 29 cm

C4 22 cm

C5 18 cm

C6 19 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

cm

cm

± cm

C1 cm

C2 cm

C3 cm

C4 cm

C5 cm

C6 cm

SCENE INFORMATIONRest and Impact Positions ☐ No ☐ Yes**VEHICLE 1**

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTIONSustained Contact ☐ No ☐ Yes**VEHICLE 1**Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes**VEHICLE 2**Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes**FRICTION INFORMATION**

Coefficient of Friction _____

Rolling Resistance Option

1**Vehicle 1 Rolling Resistance**

LF _____

RF _____

LR _____

RR _____

Vehicle 2 Rolling Resistance

LF _____

RF _____

LR _____

RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate
damage sketch and dimensions to the form

Summary of Results Using Damage

Special Crash Investigation, TRC/IU Case 96-21, Task 0061

Speed Change
(Damage)

Vehicle #1

Total 24 km/h (15 mph)
 Longitudinal -24 km/h (-15 mph)
 Latitudinal -4 km/h (-3 mph)
 PDOF Angle 10 $\frac{1}{2}$
 Energy Dissipated = 55558 Joules (40972 Ft-Lb)
 Barrier Equivalent Speed = 24.5 km/h (15.2 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 0 km/h (0 mph)
 Longitudinal 0 km/h (0 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 $\frac{1}{2}$
 Energy Dissipated = 0 Joules (0 Ft-Lb)
 Barrier Equivalent Speed = 0.0 km/h (0.0 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Year	1996	1900
Make	Mercury	
Model	Villager	
CDC	12FDEW2	BARRIER
Side Damaged	F	
PDOF Angle	10 $\frac{1}{2}$	0 $\frac{1}{2}$
Heading Angle	80 $\frac{1}{2}$	0 $\frac{1}{2}$

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	4	11
Stiffness Category	7	11
Vehicle Weight	2245 kgs (4949 lbs)	453592 kgs (999999 lbs)

Damage Information

	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Vehicle Damage Known	Yes	Yes
Crush Length	148.0 cm (58 in)	0.0 cm (0 in)
C1	9.0 cm (4 in)	0.0 cm (0 in)
C2	11.0 cm (4 in)	0.0 cm (0 in)
C3	29.0 cm (11 in)	0.0 cm (0 in)
C4	22.0 cm (9 in)	0.0 cm (0 in)
C5	18.0 cm (7 in)	0.0 cm (0 in)
C6	19.0 cm (7 in)	0.0 cm (0 in)
D	0.0 cm (0 in)	0.0 cm (0 in)
D'	5.6 cm (2 in)	0.0 cm (0 in)

Vehicle Dimensions

	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Length	482.0 cm (190 in)	0.0 cm (0 in)
Width	187.0 cm (74 in)	0.0 cm (0 in)
Wheelbase	285.0 cm (112 in)	254.0 cm (100 in)
Weight	2245 kgs (4949 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	251.0 cm (99 in)	127.0 cm (50 in)
Engine Displacement	3.0 liters	0.0 liters
Moment of Inertia	471204 kgs (41707 lbs)	29375740821 kgs (2600101632 l
Vehicle Mass	2245 kgs (12.9 lb-s^2/in)	453515 kgs (2600.1 lb-s^2/in)

Summary of Results Using Damage

Special Crash Investigation, TRC/IU Case 96-21, Task 0061

Speed Change
(Damage)

Vehicle #1

Total 25 km/h (16 mph)
 Longitudinal -25 km/h (-16 mph)
 Latitudinal -2 km/h (-1 mph)
 PDOF Angle 5 ½
 Energy Dissipated = 55558 Joules (40972 Ft-Lb)
 Barrier Equivalent Speed = 25.1 km/h (15.6 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 0 km/h (0 mph)
 Longitudinal 0 km/h (0 mph)
 Latitudinal 0 km/h (0 mph)
 PDOF Angle 0 ½
 Energy Dissipated = 0 Joules (0 Ft-Lb)
 Barrier Equivalent Speed = 0.0 km/h (0.0 mph)
 Calculated using size and stiffness categories.

General Information

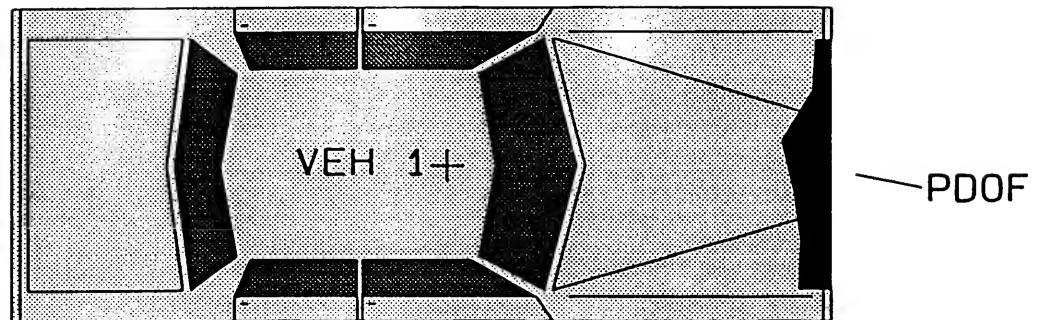
	Vehicle #1 ááááááááááá	Vehicle #2 ááááááááááá
Year	1996	1900
Make	Mercury	
Model	Villager	
CDC	12FDEW2	BARRIER
Side Damaged	F	
PDOF Angle	5 ½	0 ½
Heading Angle	80 ½	0 ½

Calculation method: Size and Stiffness

Size and Stiffness

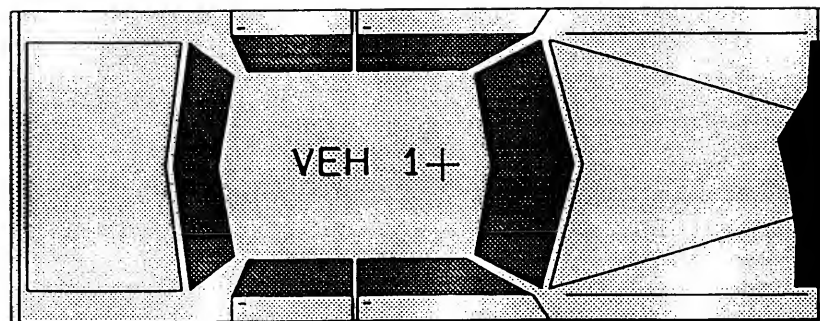
Size Category	4	11
Stiffness Category	7	11
Vehicle Weight	2245 kgs (4949 lbs)	453592 kgs (999999 lbs)

1996 Mercury Villager



Special Crash Investigation, TRC/IU Case 96-21, Task 0061
1997

1996 Mercury Villager



Special Crash Investigation, TRC/IU Case 96-21, Task 0061
1997

Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	áááááááááááá Yes	áááááááááááá Yes
Crush Length	148.0 cm (58 in)	0.0 cm (0 in)
C1	9.0 cm (4 in)	0.0 cm (0 in)
C2	11.0 cm (4 in)	0.0 cm (0 in)
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C6	19.0 cm (7 in)	0.0 cm (0 in)
D	0.0 cm (0 in)	0.0 cm (0 in)
D'	5.6 cm (2 in)	0.0 cm (0 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Length	482.0 cm (190 in)	0.0 cm (0 in)
Width	187.0 cm (74 in)	0.0 cm (0 in)
Wheelbase	285.0 cm (112 in)	254.0 cm (100 in)
Weight	2245 kgs (4949 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	251.0 cm (99 in)	127.0 cm (50 in)
Engine Displacement	3.0 liters	0.0 liters
Moment of Inertia	471204 kgs (41707 lbs)	29375740821 kgs (2600101632 l
Vehicle Mass	2245 kgs (12.9 lb-s ² /in)	453515 kgs (2600.1 lb-s ² /in)

CASE NUMBER IN9621

**NO
DATA**

The following page(s) were left intentionally blank.

PAGE NUMBER(S)

23-26

Appendix B:

SELECTED PHOTOGRAPHS

A total of seventy-four color copies of photographs are presented and referenced as Photograph #01 through Photograph #74. Photographs numbered #01, #02, #52, #58, #64, #70, #71, and #73 were taken and made available by the National Transportation Safety Board. The remainder of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's eastward travel path in eastbound lane approximately 200 meters (656 feet) west of impact [i.e., "Tee" intersection (cell E4)]



02: Case Vehicle's eastward travel path in eastbound lane approximately 175 meters (574 feet) west of impact [i.e., "Tee" intersection (cells D4--E4)]



03: Case Vehicle's eastward travel path in eastbound lane approximately 40 meters (131 feet) west of impact [i.e., "Tee" intersection (cell E4)]



04: Case Vehicle's eastward travel path in eastbound lane approximately 20 meters (66 feet) west of impact [i.e., "Tee" intersection (cells D4-E5)]



05: Case Vehicle's eastward travel path in eastbound lane approximately 10 meters (33 feet) west of impact; NOTE: tire mark shows removal of right front tire



06: Case Vehicle's eastward travel path in eastbound lane approximately 4 meters (13 feet) west of impact with stone embankment cells D5-E5



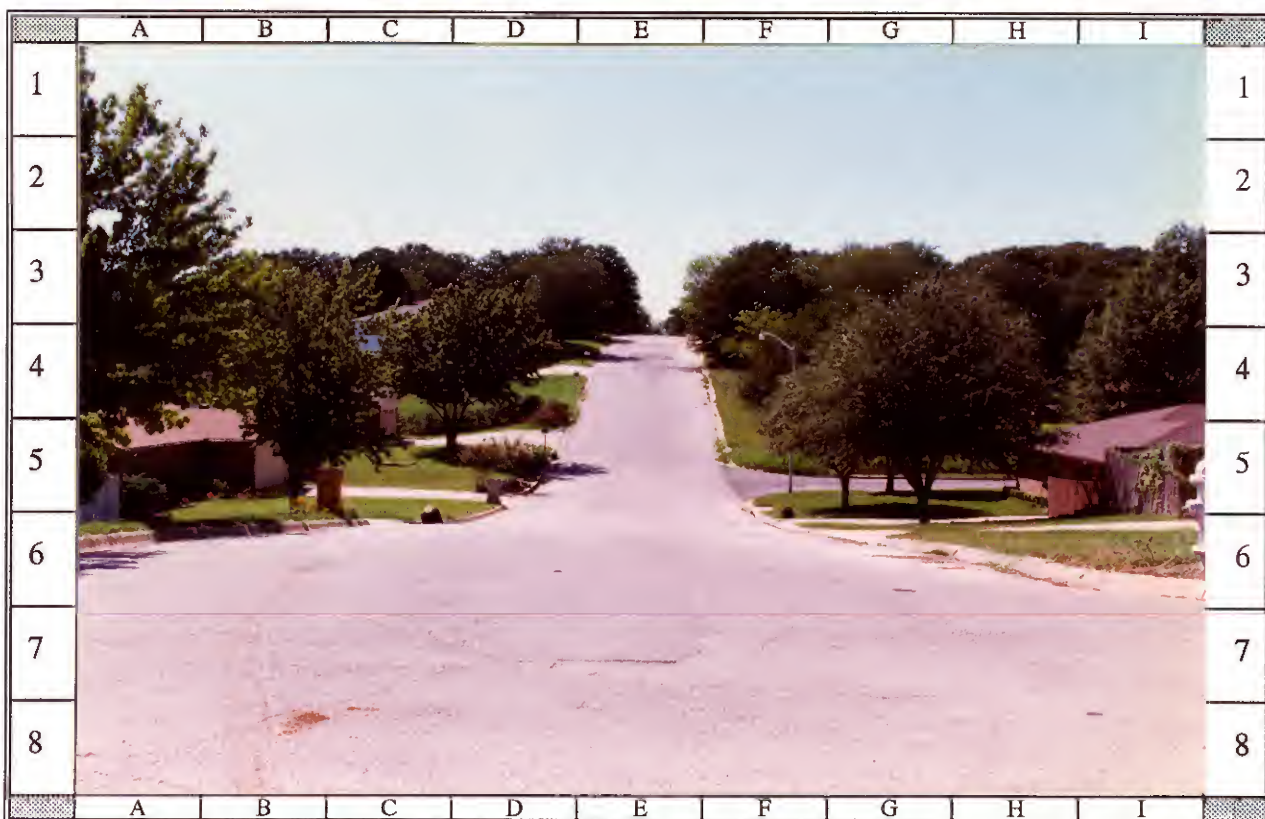
07: Eastward view of reinforced stone embankment impacted by Case Vehicle's front end; NOTE: debris from Case Vehicle



08: Close-up of debris and oil spill at final rest deposited by Case Vehicle's impact with stone embankment



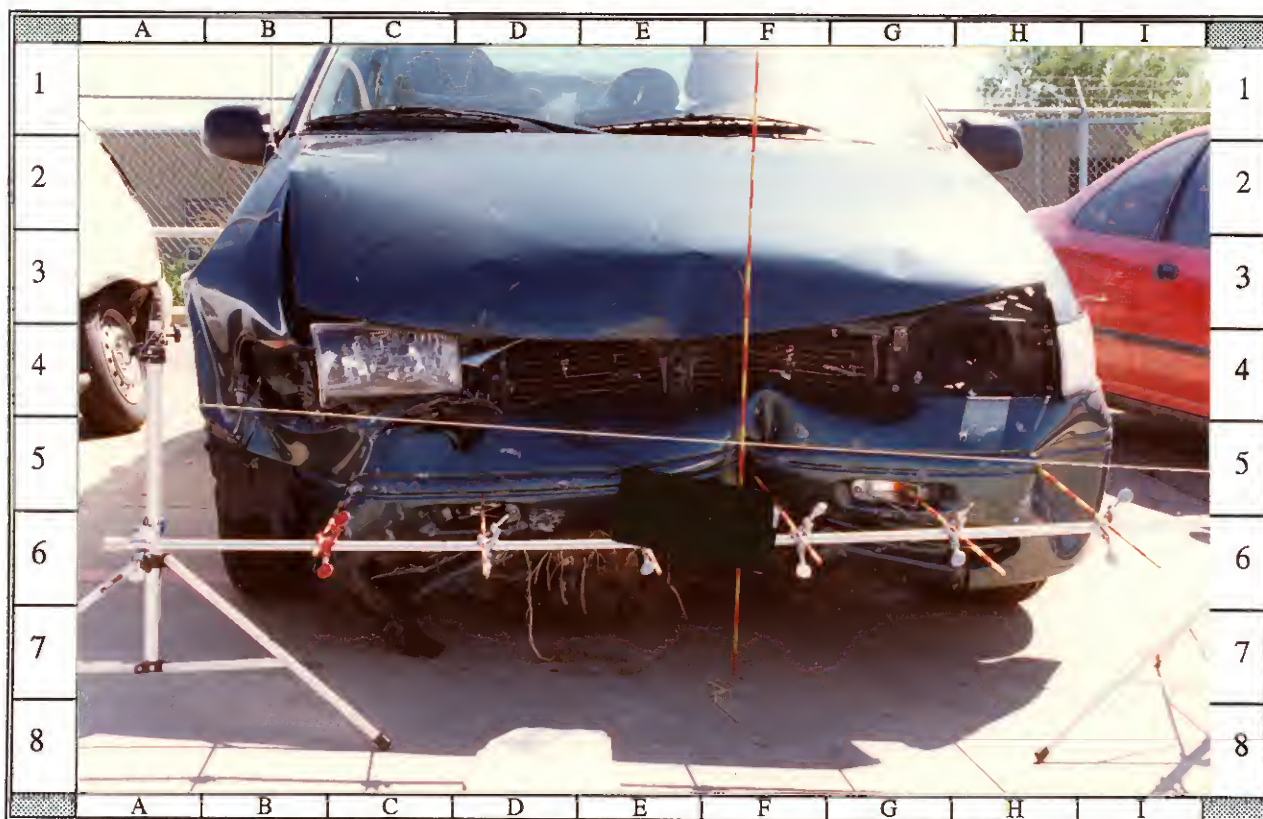
09: Northward, longitudinal view of deformation caused by Case Vehicle's impact to reinforced stone embankment



10: Westward view of Case Vehicle's eastward travel path; NOTE: steep incline, sag, and sharp decline



11: Case Vehicle's damaged front end with contour gauge present; NOTE: direct damage extends across entire front end



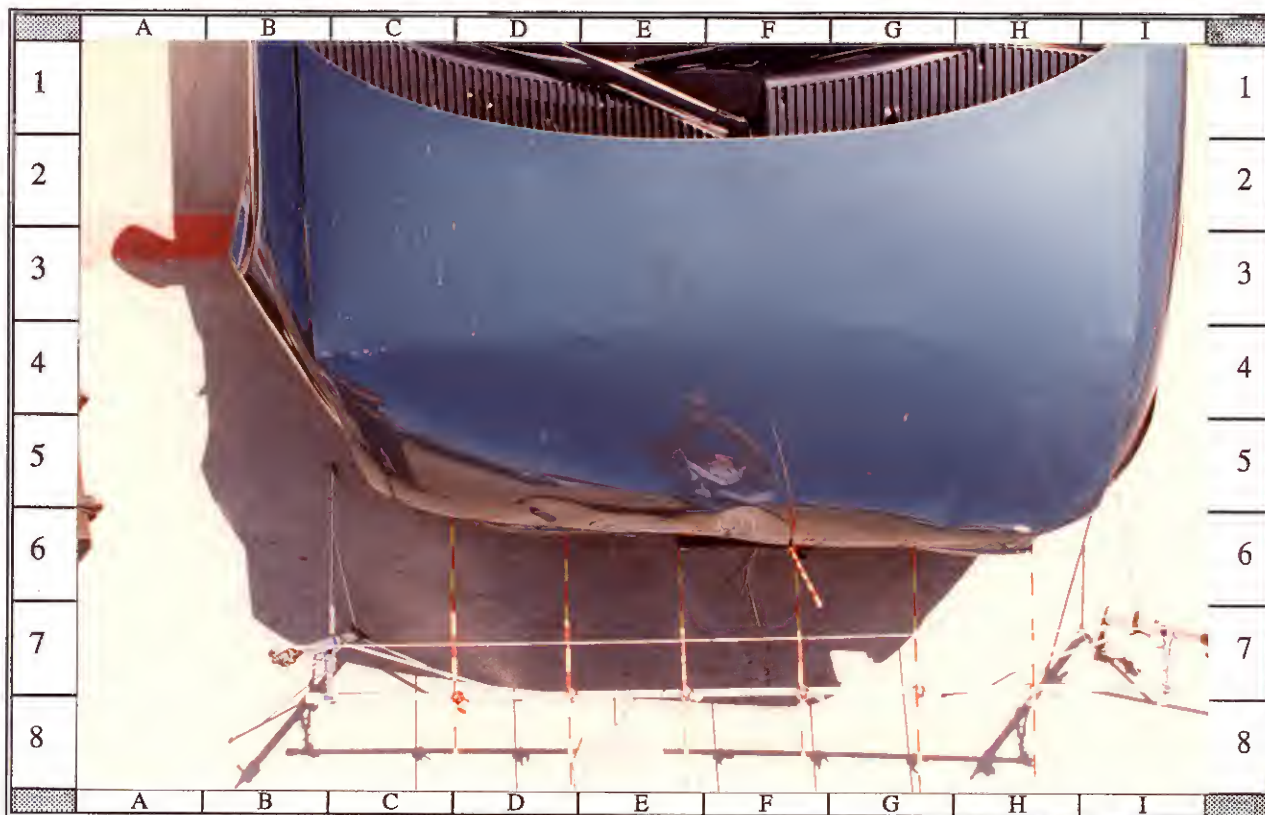
12: Closer-up view of Case Vehicle's damaged front end; NOTE: grass and mud stuck to undercarriage



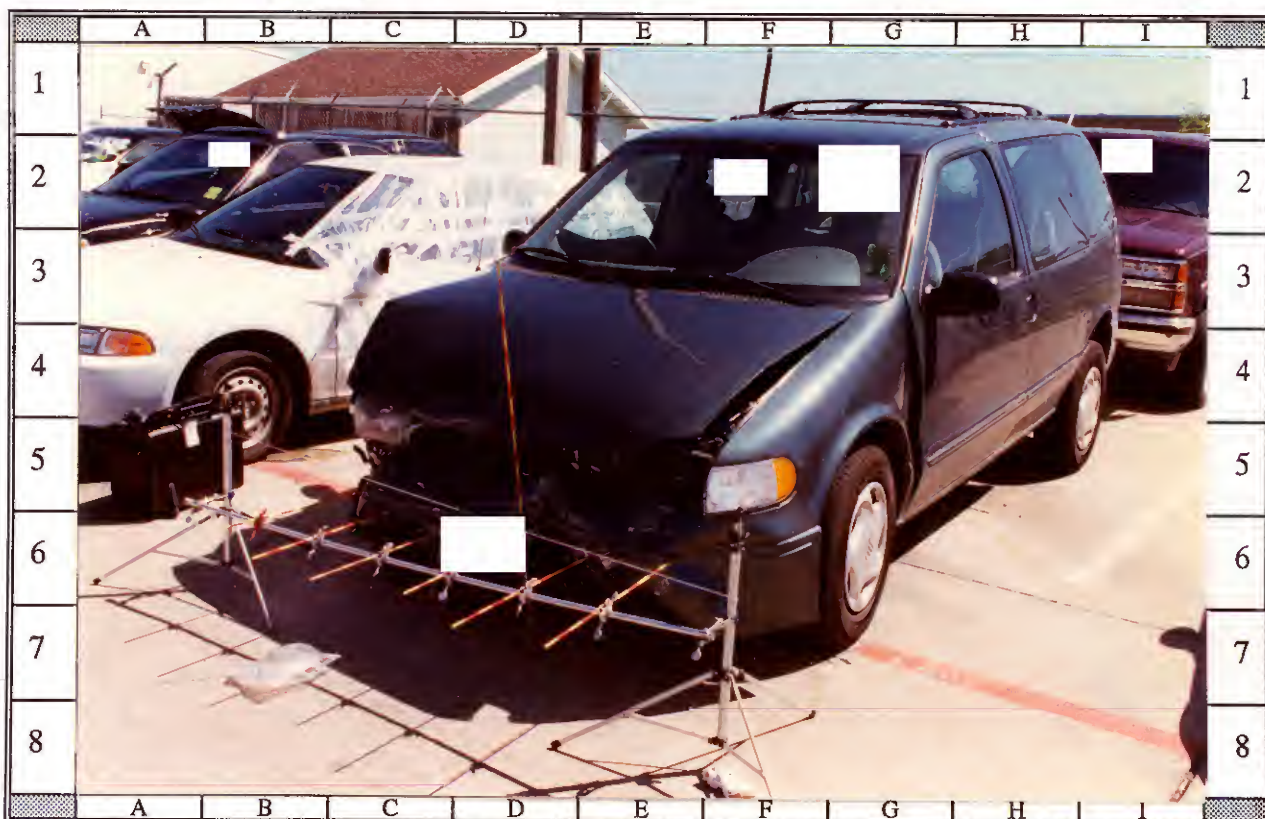
13: Below bumper view of Case Vehicle's undercarriage and bumper corner to bumper corner damage; NOTE: Case Vehicle's front end has been raised by a jacked



14: Close-up view of damage to Case Vehicle's undercarriage and bumper showing mud and grass in undercarriage and stone impacts to bumper and undercarriage



15: Overhead view of Case Vehicle's frontal damage showing crush pattern; NOTE: buckling to right fender



16: Case Vehicle's damaged front viewed from approximately 30 degrees left of front; NOTE: induced damage to left front fender near driver door

Case Vehicle: 1996 Mercury Villager, 3-Door Minivan, FWD, 5-Passenger, 3.0 L (181 in³) V-6, EFI



17: Reference line view of Case vehicle's frontal damage from left with contour gauge present



18: Case Vehicle's undamaged back and left side (i.e., behind A-pillar) viewed from approximately 30 degrees left of back



19: Case Vehicle's undamaged back and right side viewed from ~30 degrees right of back; NOTE: right middle glazing disintegrated by occupant contact



20: Case Vehicle's damaged right fender and restricted right front tire; NOTE: rim bent from curb impact



21: Reference line view of Case Vehicle's frontal damage from right with contour gauge present; NOTE: crush profile, damaged right fender, and restricted tire



22: Case Vehicle's damaged front viewed from approximately 45 degrees right of front; NOTE: right middle glazing damaged by occupant contact



23: Interior surface of Case Vehicle's driver door and seating area showing deployed air bag



24: Case Vehicle's driver side knee bolster, steering column, and lower dash; NOTE: right knee contact and missing fuse box cover



25: Close-up of right knee contact to Case Vehicle's driver side knee bolster; NOTE: blood splatter is from occupant #2 who was seated in enclosed area beside driver



26: Case Vehicle's front seatbacks which are deformed and pushed forward from loading by unrestrained rear occupants



27: Exterior side of Case Vehicle's driver seat showing crack to plastic from loading by driver's seatbelt; NOTE: brush abrasion above crack from belt webbing



28: Exterior edge of Case Vehicle's driver seat cushion showing abrasion to seat caused by the webbing of the driver's seatbelt which occurred during belt loading



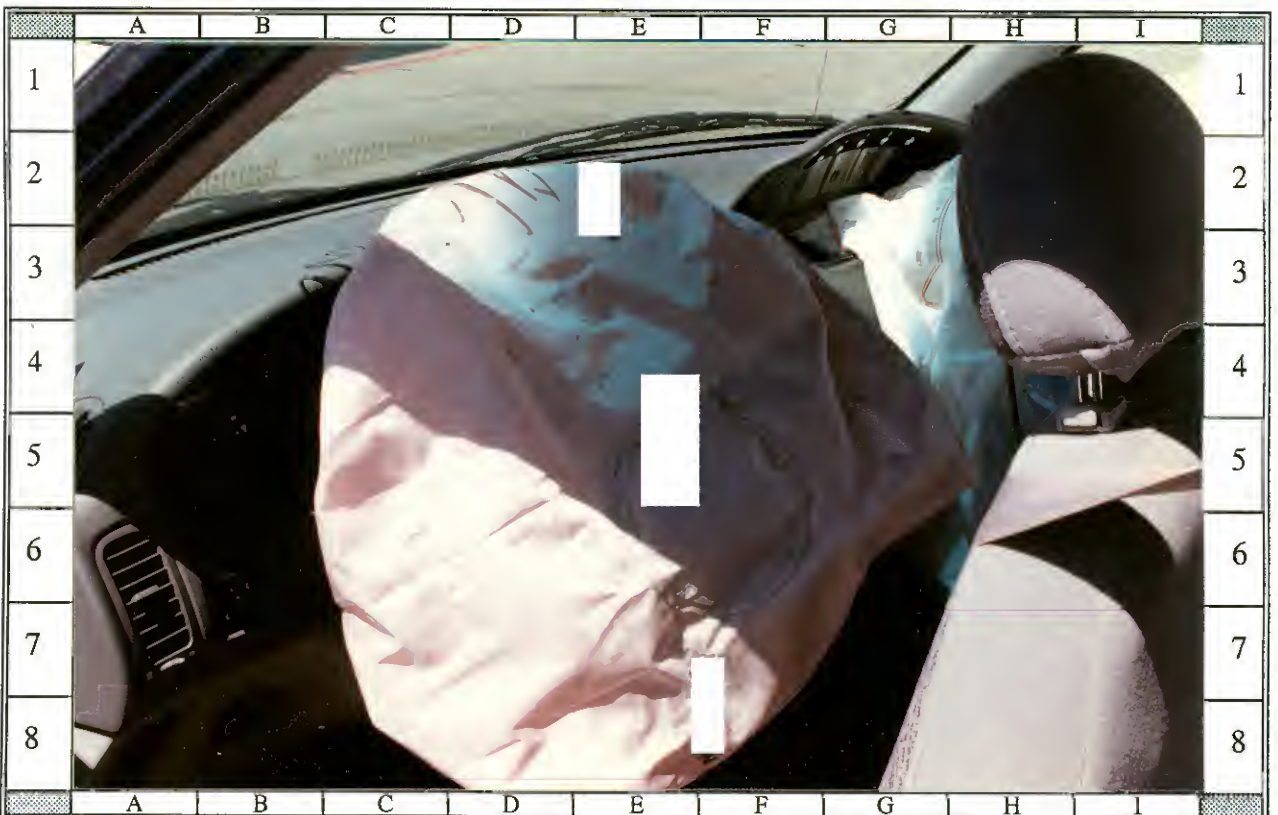
29: View of loading mark on webbing of Case Vehicle's driver seatbelt indicating usage of the seatbelt during the crash



30: Close-up of loading mark on Case Vehicle's driver side "D"-ring caused by the seatbelt's webbing



31: Close-up of stretch marks and blood stains on webbing of Case Vehicle's driver side seatbelt



32: Case Vehicle's deployed driver side air bag; NOTE: blood on upper left of air bag (cells D3--E4) most likely from driver's thumb laceration



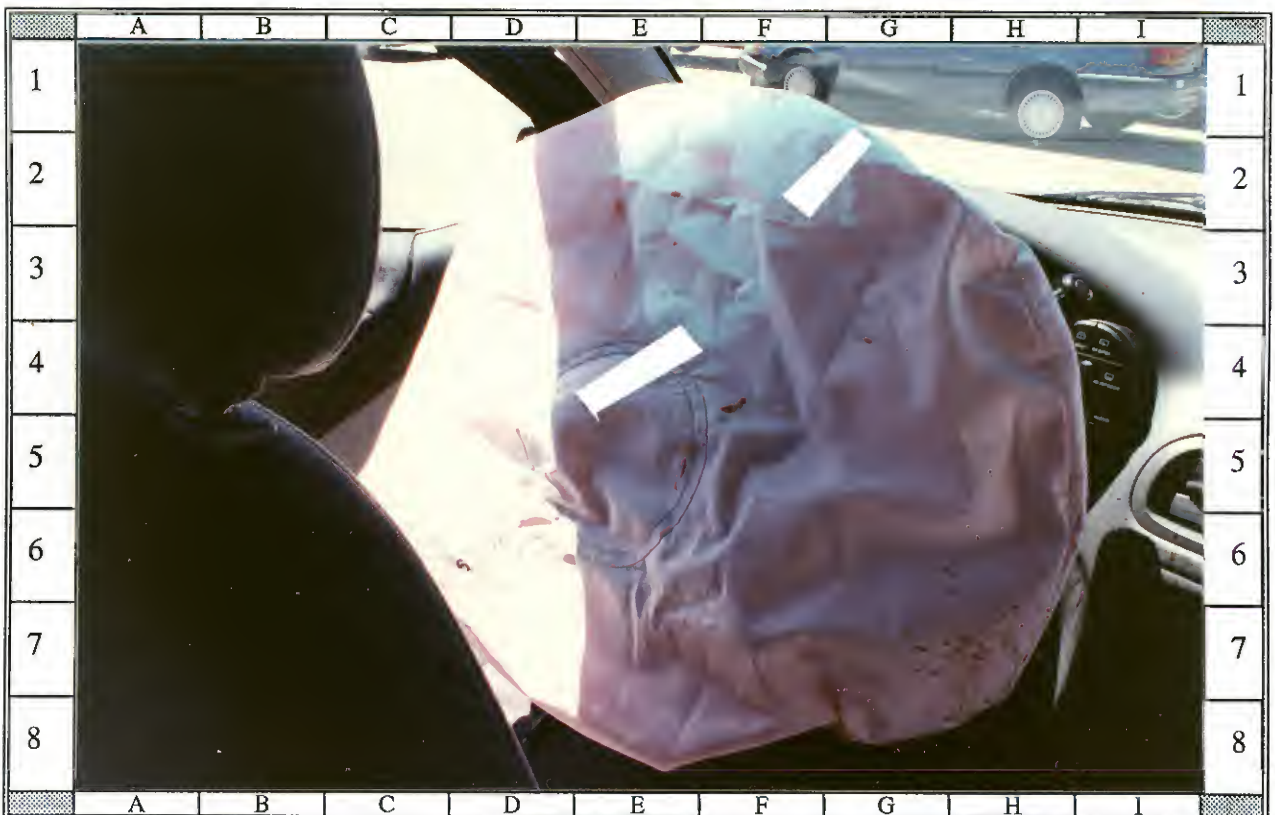
33: Bottom cover flap of Case Vehicle's driver side air bag module; NOTE: no contact evidence on bottom cover flap or lower steering wheel rim



34: Top cover flap of Case Vehicle's driver side air bag module; NOTE: top flap was propelled behind steering wheel rim, dual air bag vents, and rim not loaded



35: Case Vehicle's driver seating area, deployed air bag, and contacted sunvisor viewed from behind driver's seat



36: Case Vehicle's driver side air bag from right; NOTE: blood splatters on air bag, particularly to lower right side (cells G6--H8)



37: Contact to Case Vehicle's driver side sunvisor most likely from driver's right hand



38: Case Vehicle's right front passenger seating area showing contacted center dash, right front seatback, sunvisor, and windshield and deployed right front air bag



39: Close-up of Case Vehicle's contacted center dash showing air vent contacted by occupant #2 who was in the enclosed area between the front seats



40: Case Vehicle's contacted center dash showing air vents deformed by occupant #2 who was in the enclosed area between the front seats



41: View of blood splatter to back right of Case Vehicle's deployed driver side air bag from occupant #2



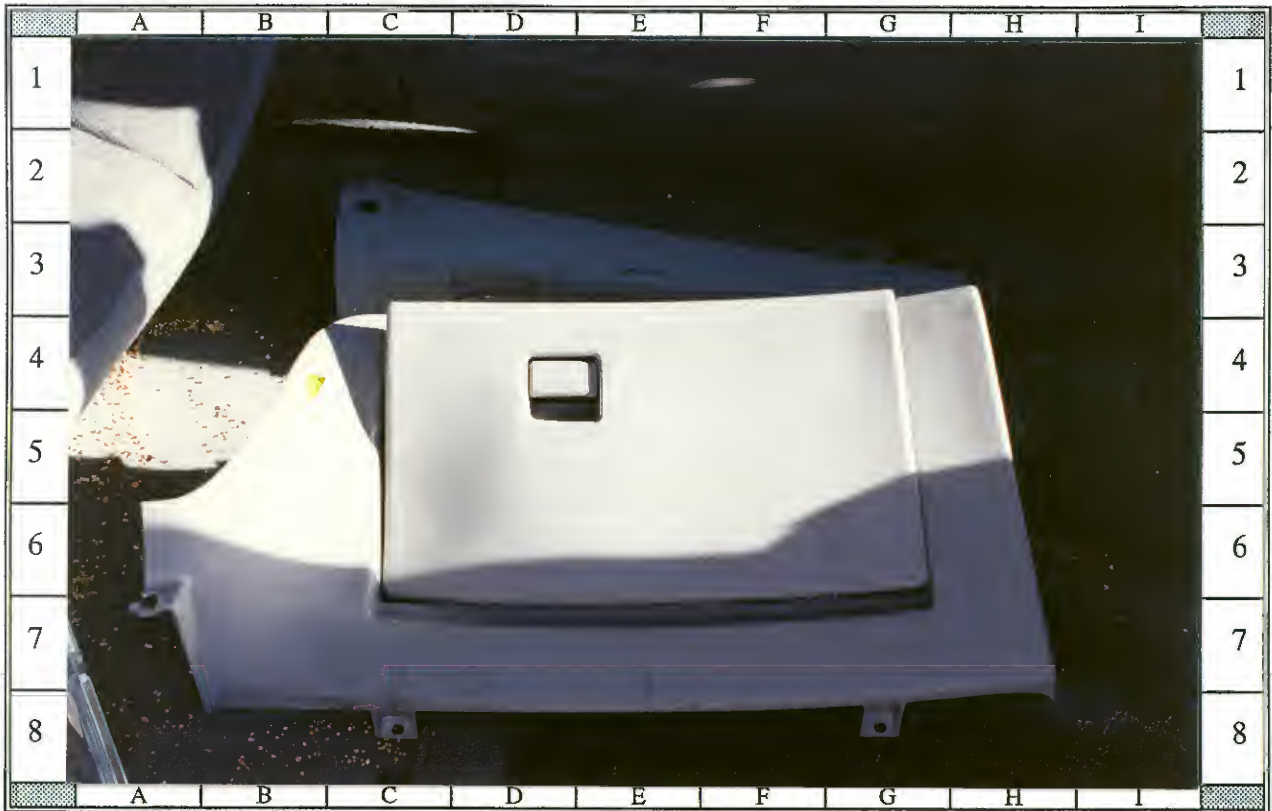
42: Case Vehicle's deployed right front air bag; NOTE: tape at bottom center indicates area of possible contact



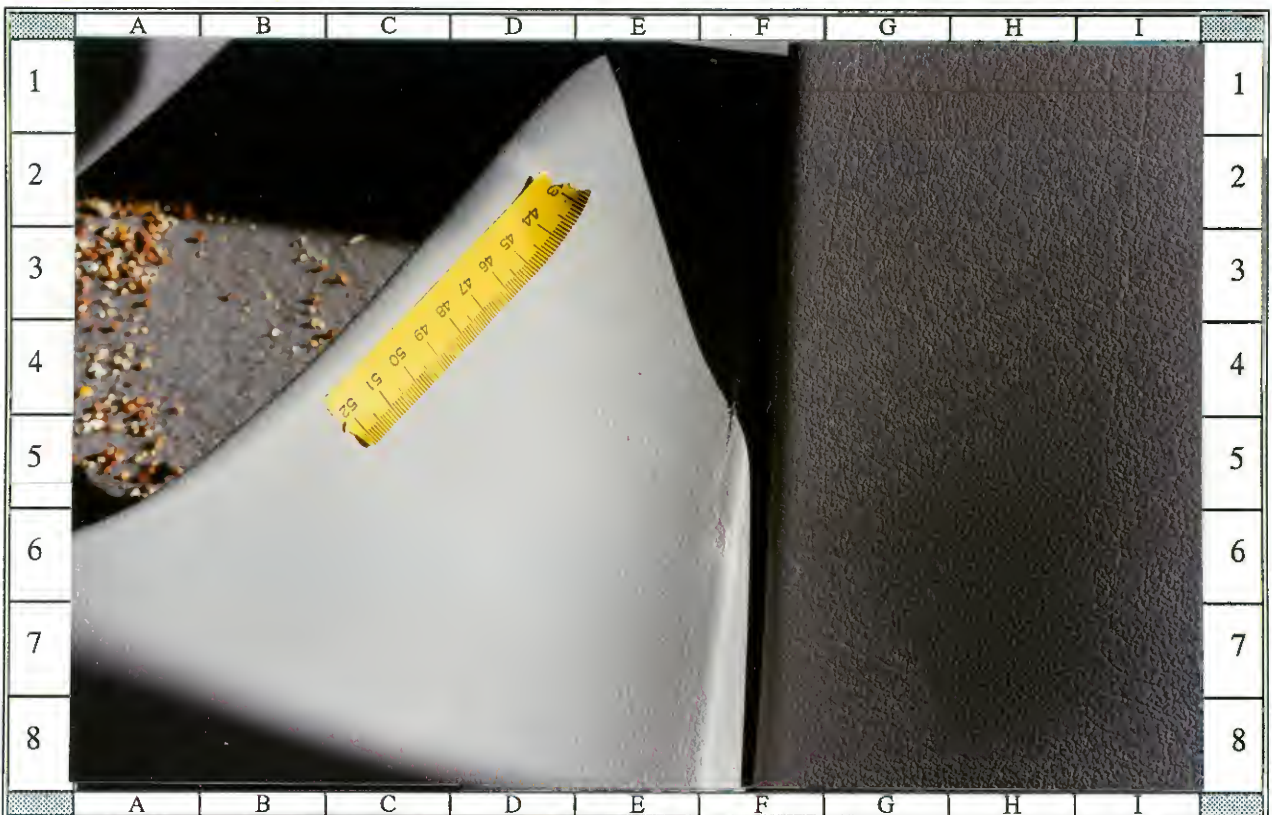
43: Close-up of possible contact area on Case Vehicle’s deployed right front passenger air bag; NOTE: blood is from right front passenger and occupant #2



44: Case Vehicle’s right front knee bolster, contacted glove box, and center dash



45: Case Vehicle's right front knee bolster and contacted glove box positioned on floor showing impact to glove box and skin transfer to center dash portion



46: Close-up of skin transfer on center dash portion of Case Vehicle's right front knee bolster; bolster placed on floor during removal of passenger air bag module



47: Case Vehicle's right front passenger side air bag module's top cover flap showing no evidence of contact



48: Loading evidence to Case Vehicle's right front seatback and seatbelt from impact by unrestrained rear passenger to seatback; NOTE: spilled bird seed



49: Close-up view of loading evidence to Case Vehicle's right front seatback and seatbelt from impact by unrestrained rear passenger to seatback



50: Close-up of blood splatter and stretching (i.e., indicated by ink marks) on Case Vehicle's right front seatbelt webbing



51: Case Vehicle's right front "D"-ring and shoulder belt adjuster viewed from behind "B"-pillar; NOTE: adjuster at uppermost position



52: Close-up of front portion of Case Vehicle's right front "D"-ring showing loading evidence (i.e., striations to "D"-ring)



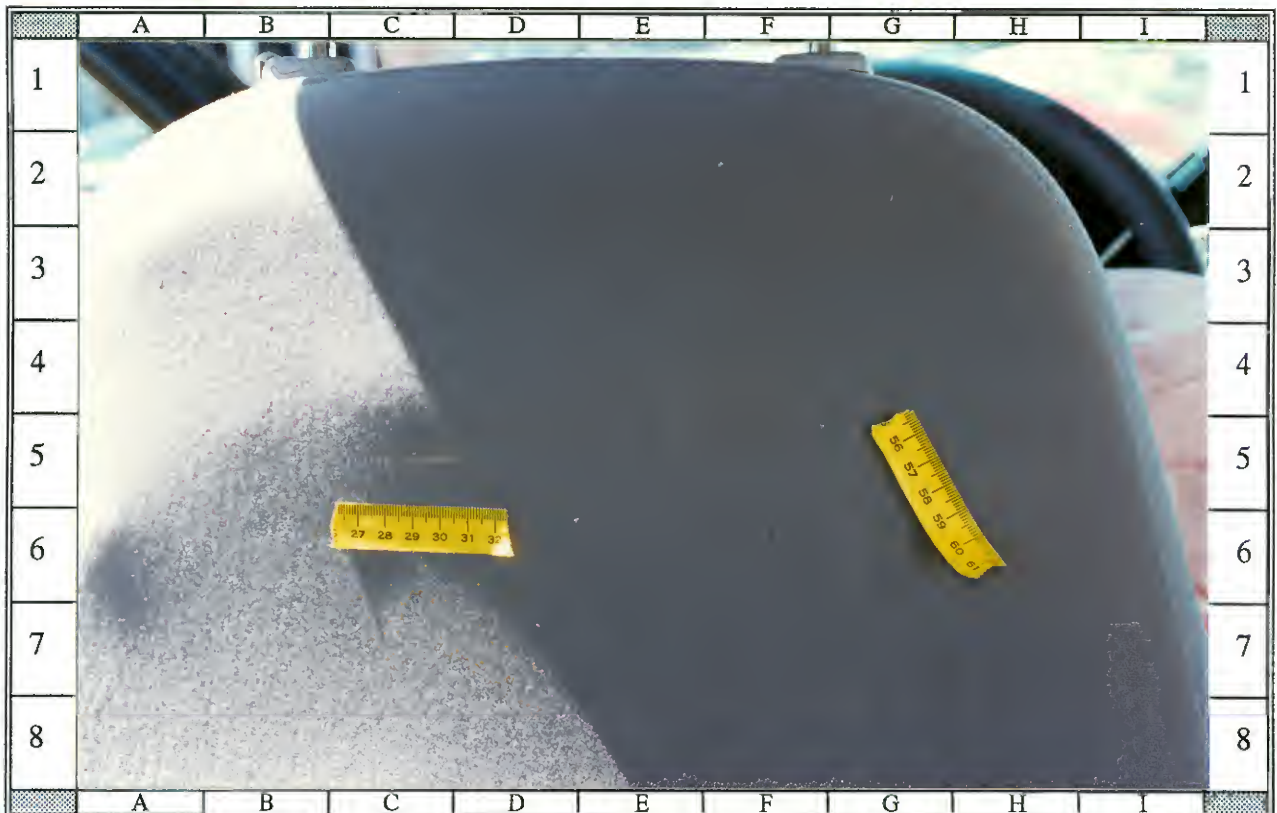
53: Loading evidence to backside of Case Vehicle's right front "D"-ring viewed from right rear door



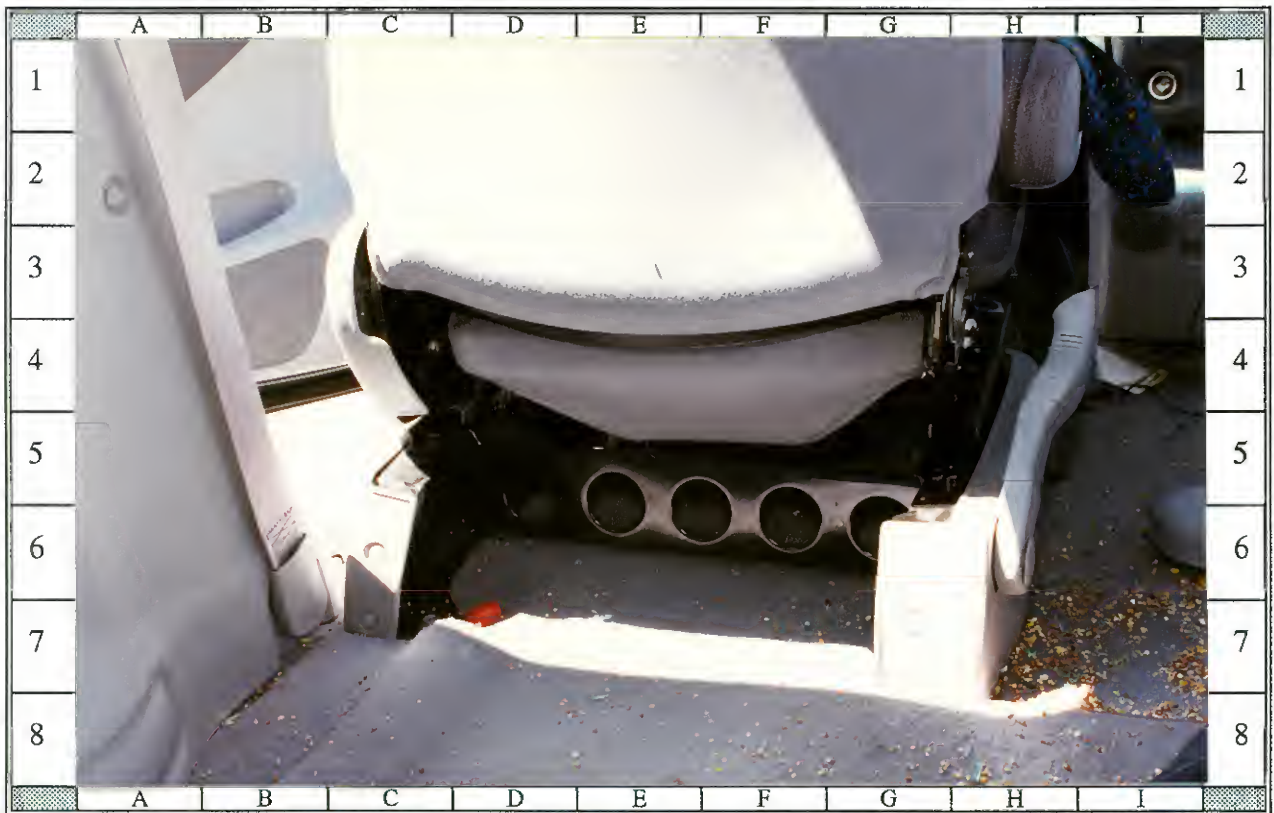
54: Loading evidence on Case vehicle's right front seatbelt webbing



55: Case Vehicle's driver and right front passenger seatbacks showing deformation caused by rear occupant loading; NOTE: seat track failure on driver's side.



56: Close-up of contact evidence to Case Vehicle's driver side seatback from rear occupants



57: Base of Case Vehicle's driver seat; NOTE: seat track forced forward from loading by occupant #4 (i.e., enclosed left middle passenger) and rear seat passengers



58: Vertical close-up of left seat track for Case Vehicle's driver seat showing scratches (gouges) to seat track notches done during failure



59: Close-up of gouges in right seat track for Case Vehicle's driver seat caused by loading from occupant #4 and unrestrained rear occupants



60: Deformation and contacts to Case Vehicle's right front seatback caused by loading from occupants #6 and #7 (i.e., center and right rear passengers)



61: Contact to Case Vehicle's roof from occupant #7 who was thrown forward at impact; NOTE: right rear door glazing was also shattered by this occupant



62: Loading to base of Case Vehicle's right front seatback most likely from occupant #6 who then landed on top of occupants that were on floor (i.e., #4 and #5)



63: Skin transfer (i.e., yellow tape) on left lower portion of Case Vehicle's right front seatback and crack to plastic "B"-pillar housing from occupant #7



64: Close-up of skin transfer on left lower portion of Case Vehicle's right front seatback caused by impact from occupant #6 (see previous photo)



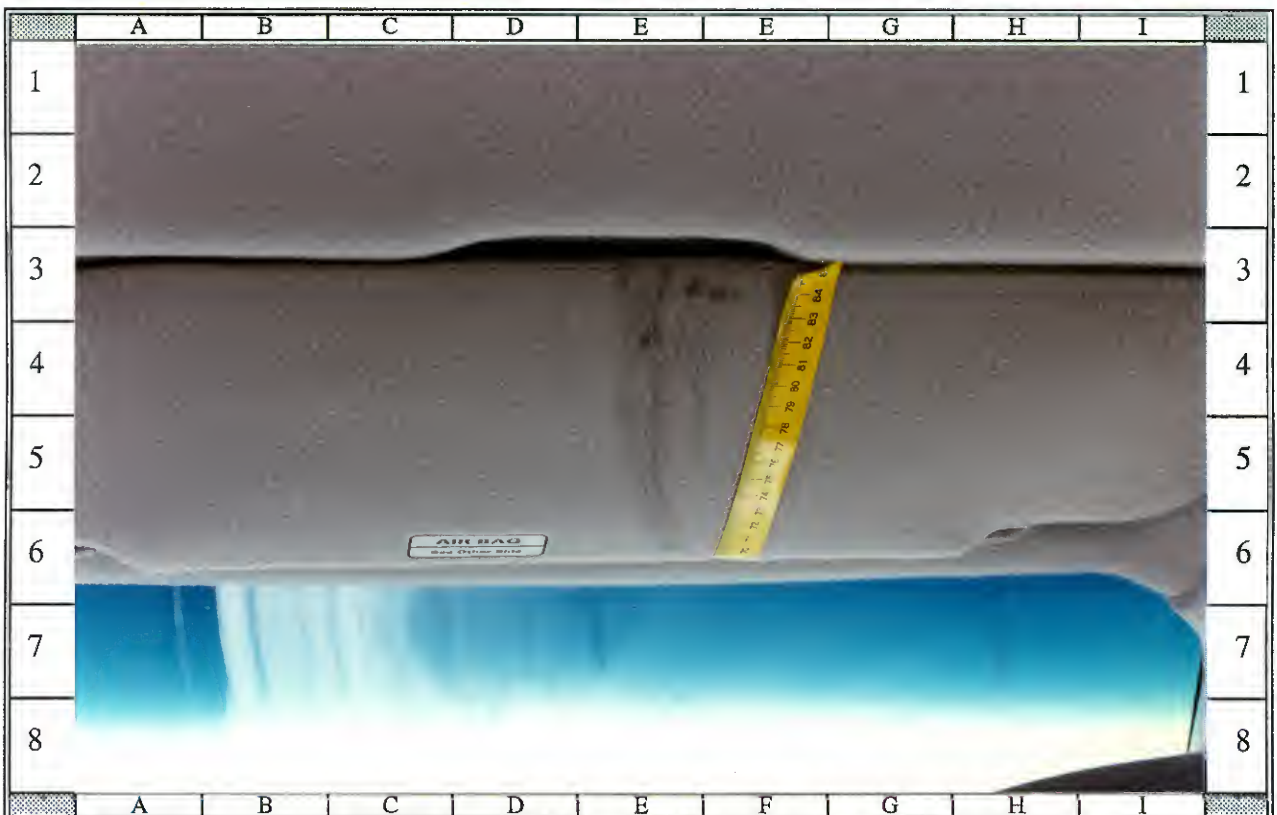
65: Close-up of crack to base of Case Vehicle's plastic "B"-pillar housing caused by contact with occupant #7's right foot



66: Contacts to Case Vehicle's right front headrest, sunvisor, and windshield; sunvisor and windshield were caused by occupant #7



67: Close-up of skin transfer on back side of Case Vehicle's right front headrest caused either by occupant #6 or occupant #7



68: Close-up of unknown transfer on Case Vehicle's right front sunvisor caused by impact from occupant #7's head



69: Close-up of grease smear to Case Vehicle's windshield most likely from occupant #7's left hand



70: Close-up of warning message on backside of Case Vehicle's right front sunvisor



71: Case Vehicle's driver and right front seatbacks, viewed from outside right front door, showing deformation to both front headrests and seatbacks



72: Interior surface of Case Vehicle's right front door and deployed right front air bag; NOTE: half moon shaped skin transfer just above arm rest cells (G5--H5)



73: Close-up of half moon shaped skin transfer on interior surface of Case Vehicle's right front door just above arm rest--most likely from right front passenger



74: Case Vehicle's deformed rear bench seat and available three-point safety belts for second seating area which was absent prior to crash

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-21
FLEET - PRIVATE VEHICLE
LOCATION -
ACCIDENT DATE - 1996

Submitted By:

Senior Staff Associate
and

Associate Scientist

Revised Submission:

Contract Number:

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

PLACE WHERE ACCIDENT OCCURRED COUNTY _____ CITY OR TOWN _____ IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____		LOC. NO. _____										
ROAD ON WHICH ACCIDENT OCCURRED BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____ INTERSECTING STREET OR RR X'ING NUMBER _____ BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____ NOT AT INTERSECTION _____ <input type="checkbox"/> FT. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF _____ <input type="checkbox"/> MI. N S E W _____ <small>SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.</small>		DO NOT WRITE IN THIS SPACE LOC. _____ CODE _____ SEVERITY _____ FAT. REC. _____ DR. REC. _____										
DATE OF ACCIDENT _____ 19 <u>96</u> DAY OF WEEK _____ HOUR <u>2340</u> <input type="checkbox"/> A.M. IF EXACTLY NOON <input checked="" type="checkbox"/> P.M. OR MIDNIGHT, SO STATE		OPS NO. _____										
UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO. <u>4M2DV11W5TD</u> YEAR <u>96</u> COLOR & MAKE <u>Green Mercury</u> MODEL <u>Villager</u> BODY STYLE <u>Van</u> LICENSE PLATE <u>97</u> DRIVER'S NAME _____ LAST _____ FIRST _____ MIDDLE <u>16</u> ADDRESS (STREET, CITY, STATE, ZIP) _____ DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ DOB _____ RACE <u>W</u> SEX <u>M</u> OCCUPATION <u>Student</u> SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input checked="" type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO LIABILITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE <input type="checkbox"/> NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING <u>FD-5</u>												
UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> VEH IDENT NO. _____ YEAR _____ COLOR & MAKE _____ MODEL _____ BODY STYLE _____ LICENSE PLATE _____ DRIVER'S NAME _____ LAST _____ FIRST _____ MIDDLE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____ DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ DOB _____ RACE _____ SEX _____ OCCUPATION _____ SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/> PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE <input type="checkbox"/> NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____												
DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____												
<table border="1" style="width:100%"><tr><td>LIGHT CONDITION <u>4</u></td><td>WEATHER <u>1</u></td><td>SURFACE CONDITION <u>1</u></td><td>TYPE ROAD SURFACE <u>1</u></td><td rowspan="2">DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)</td></tr><tr><td>1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK</td><td>1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST</td><td>6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER</td><td>1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER</td><td>1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER</td></tr></table>			LIGHT CONDITION <u>4</u>	WEATHER <u>1</u>	SURFACE CONDITION <u>1</u>	TYPE ROAD SURFACE <u>1</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)	1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER
LIGHT CONDITION <u>4</u>	WEATHER <u>1</u>	SURFACE CONDITION <u>1</u>	TYPE ROAD SURFACE <u>1</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)								
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER		1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER							
IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
CHARGES FILED NAME _____ CHARGE _____ CITATION NUMBER _____ NAME _____ CHARGE _____ CITATION NUMBER _____												
TIME NOTIFIED OF ACCIDENT _____ 96 _____ M HOW <u>Dispatched</u> TIME ARRIVED AT SCENE OF ACCIDENT _____ 96 _____ 2355 M TYPED OR PRINTED NAME OF INVESTIGATOR _____ DATE REPORT MADE _____ 96 IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OF INVESTIGATOR _____ ID NO. _____ DEPARTMENT _____ DIST./AREA <u>E</u>												

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPODIAST, PHYSICIAN, ENGINEER, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - ALL TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT D - SEATBELT-LOCKER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNKNOWN IF DAMAGED 4 - NOT WORN 5 - UNKNOWN IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1 DAMAGE RATING FD-5	TOWED DUE TO DAMAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO Honolulu BY Rotation
---	--	--

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1 DRIVER	SEE FRONT				N	A	Y	N	16	M	C
2 F. Pass.					N	A	Y	N	14	F	A
3 B.P. Pass.					N	A	N	N	18	F	B
4 B.M. Pass.					N	N	N	N	16	M	B
5 B.M. Pass.					N	N	N	N	15	F	C

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) DAMAGE RATING	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO
---	---	--------------------

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6 B.L. Pass.					N	A	N	N	15	F	N
7 B.L. Pass.					N	N	N	N	15	F	N

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED

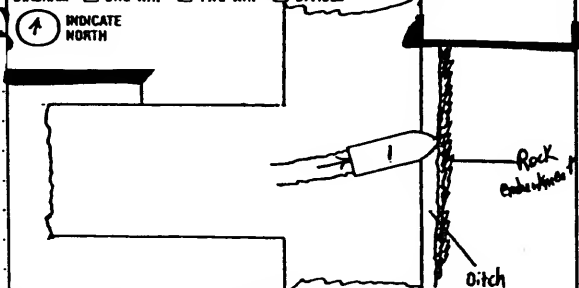
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
2, 3		MedStar	2341	2355	2
4		MedStar	2341	0010	2

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Unit 1 was travelling at a high rate of speed at eastbound, attempting to turn northbound on Unit 1 applied brakes and skid into Unit 2, the rock embankment. There were no witnesses.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1 22	2	3
UNIT 2	1	2	3

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

5-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT

TRAFFIC CONTROL

5-TURN MARKS
6-WARNING SIGN
7-AR RATES ON SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER

10-NO PASSING ZONE
11-OTHER CONTROL

0

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLAMPS
6. DEFECTIVE OR NO STOP LAMPS
7. DEFECTIVE OR NO TAIL LAMPS
8. DEFECTIVE OR NO TURN SIGNAL LAMPS
9. DEFECTIVE OR NO TRAILER BRAKES
10. DEFECTIVE OR NO VEHICLE BRAKES
11. DEFECTIVE STEERING MECHANISM
12. DEFECTIVE OR SLICK TIRES
13. DEFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. DISOBEY STOP AND GO SIGNAL
16. DISOBEY STOP SIGN ON LIGHT
17. DISOBEY TURN MARKS AT INTERSECTION
18. DISOBEY WARNING SIGN AT CONSTRUCTION

19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO NEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO STOP AT RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD NOW - EMERGENCY VEHICLE
33. FAILED TO YIELD NOW - OPEN INTERSECTION
34. FAILED TO YIELD NOW - PRIVATE DRIVE
35. FAILED TO YIELD NOW - STOP SIGN
36. FAILED TO YIELD NOW - TO PEDESTRIAN

37. FAILED TO YIELD NOW - TURNING LEFT
38. FAILED TO YIELD NOW - TURN ON RED
39. FAILED TO YIELD NOW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRIVING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE

56. PARKED WITHOUT LIGHTS
57. PASSED IN NO PASSING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD NOW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUGS
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW)

ACCIDENT COLLISION MEASUREMENT TABLE

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 1 0

Case Number—Stratum 96 2 1

ACCIDENT COLLISION DIAGRAM

Document the physical plant.

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

VEH. #1 VEH. #2 VEH. #3

Heading Angle _____

Surface Type B17

Surface Condition DRY

Coefficient of Friction $\cdot 70$

Grade (v/h)
Measurement -5° _____
(between impact
and final rest)

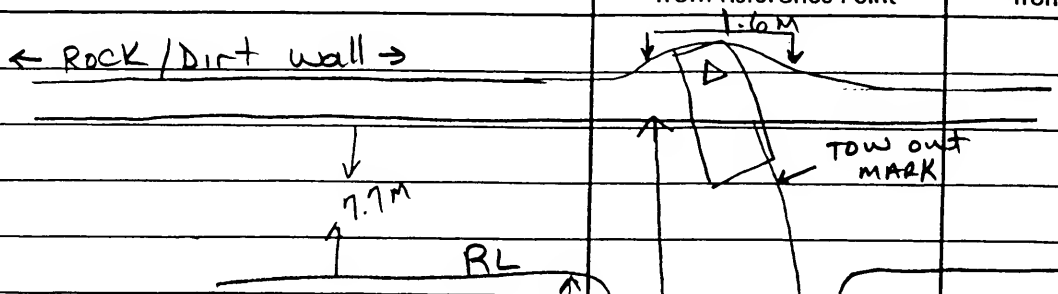
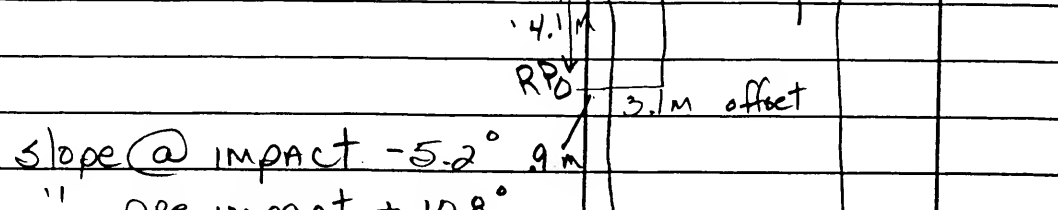
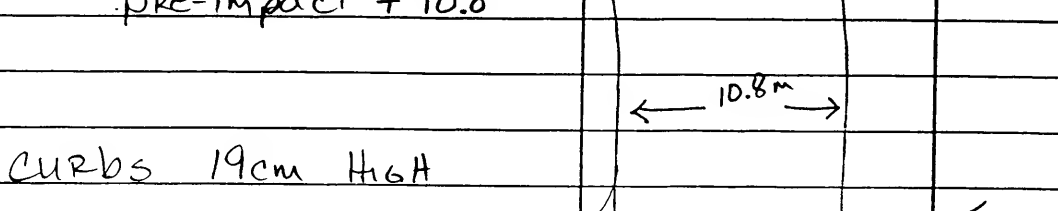
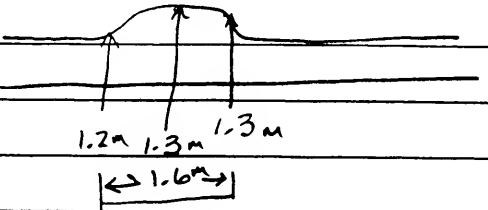
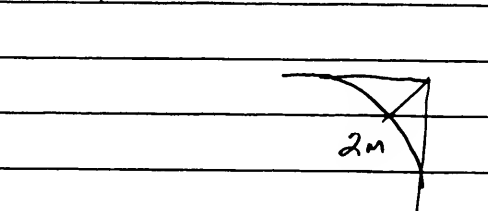
Grade (v/h)
Measurement N/A _____
(at location of
rollover initiation)

Grade (v/h)
Measurement $+ 11^{\circ}$ — —
(at pre-crash
location)

Reference Point: FIRE Hydrant @
NW corner

Reference line: EAST EDGE of
T-intersection

[illegible]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
 <p>← Rock / Dirt wall →</p> <p>7.7m</p> <p>RL</p> <p>1.6m</p> <p>TOW OUT MARK</p>		
 <p>4.1m</p> <p>RPD</p> <p>3.1m offset</p>		DEAD END
<p>slope @ impact -5.2°</p> <p>" pre-impact $+10.8^\circ$</p>		
 <p>10.8m</p>		
<p>curbs 19cm High</p>		266 N
<p>Indention into Rock / Dirt Wall</p>  <p>1.2m 1.3m 1.3m</p> <p>1.6m</p>		
 <p>2m</p>		

NASS CDS ACCIDENT FORM



ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9621

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 01

4. Date of Accident
(Month,Day,Year) 19 6

5. Time of Accident 2340

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

7. 0 SS16 Pedestrian Crash Data Study

(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires

9. 0 SS18 Unsafe Driver Actions

10. 0 SS19 Run Off Road

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 03

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>20</u>	15. <u>F</u>	16. <u>63</u>	17. <u>00</u>	18. <u>0</u>
19. <u>02</u>	20. <u>01</u>	21. <u>20</u>	22. <u>F</u>	23. <u>63</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. <u>01</u>	28. <u>20</u>	29. <u>F</u>	30. <u>44</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- 112.2 → 285
- | | |
|--|---|
| (00) Not a motor vehicle | (31) Large pickup truck (≤ 4,536 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,536 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,536 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,536 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,536 kgs GVWR) | (60) Truck (> 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,536 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (≤ 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|---|-------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overturn — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle
not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9621
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 14
MERCURY
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 443
VILLAGER
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
7. Body Type 20
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
4M2DV11W5TD
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines
9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown High Rate!
____ mph X 1.6093 = ____ kmph

12. Speed Limit 048
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown
30 mph X 1.6093 = ____ kmph
13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown
14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown
Source: _____
15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown
16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify): _____
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given
17. Driver's Zip Code _____
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown
18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 2
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 3

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) _____
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown
32. Critical Precrash Event 1 4
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver

02

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

4

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

14

(Note: Applicable codes on back of this page)

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 21 23 SLOWER 25, 26, 27	24 25 26 27 28 DECEL. 29, 30, 31	30 29 31 (EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 AVOID COLLISION WITH VEH.	38 AVOID COLLISION WITH OBJECT (EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45	46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 AVOID COLLISION WITH VEH.	58 AVOID COLLISION WITH OBJECT (EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	70 71 INITIAL SAME DIRECTIONS	72 73	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	76 77 TURN INTO SAME DIRECTION	78 79 TURN INTO OPPOSITE DIRECTIONS	80 81 82 83	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	86 87	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	92 BACKING VEH.	93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 07
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 07

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown
 Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1820
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1816 kgs
 Source: _____

44. Vehicle Cargo Weight 000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 99854. Heading Angle For Other Vehicle 998**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 1

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program—damage only routine
(02) Reconstruction program—damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

02424 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+024-24 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than

-0.5 kmph and less than +0.5 kmph)

(+160) ± 159.5 kmph and above

(999) Unknown

61. Lateral Component of Delta V

Highest

+004-4 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means greater than -0.5 kmph and
less than +0.5 kmph)

(+160) ± 159.5 kmph and above

(999) Unknown

62. Energy Absorption

Highest

055,60055,558 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)3

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

02524.5 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V

66. Estimated Highest Delta V (Researcher Determined)

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

0**INSPECTION TYPE**

67. Type of Vehicle Inspection

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): _____
- (3) Complete inspection

3**DELTA V EVENT NUMBER**

68. Delta V Event Number

_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

3

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number		<u>10</u>
2. Case Number - Stratum		<u>9621</u>
3. Vehicle Number		<u>01</u>

VEHICLE IDENTIFICATION

VIN 4M2DV11W5TD _____ Model Year 96
Vehicle Make (specify): MERCURY Vehicle Model (specify): Villager GS

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
03	BC to BC	Across front Bumper	
02	(R) Front TIRE RIM	(R) Front TIRE RIM	
01			

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

All
cm.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 112.2 inches x 2.54 = 285.0 cm
 Overall Length 189.9 inches x 2.54 = 482.3 cm
 Maximum Width 73.8 inches x 2.54 = 187.5 cm
 Curb Weight 4,004 pounds x 0.4536 = 1,816 kg
 Average Track 63.4 inches x 2.54 = 161.0 cm
 Front Overhang 39.1 inches x 2.54 = 99.3 cm
 Rear Overhang 38.6 inches x 2.54 = 98.0 cm
 Undeformed End Width 58.3 inches x 2.54 = 148.1 cm
 Engine Size: cyl/dspl. cc x 0.001 = 3.0 L
 U-6 181 CID x 0.0164 = 3.0 L

Light Truck Product Information
 (3/16/95) Curb Weight 4,004 lbs

Branch's Shipping Weight
 1995 + 1996
4,015
100
4,115

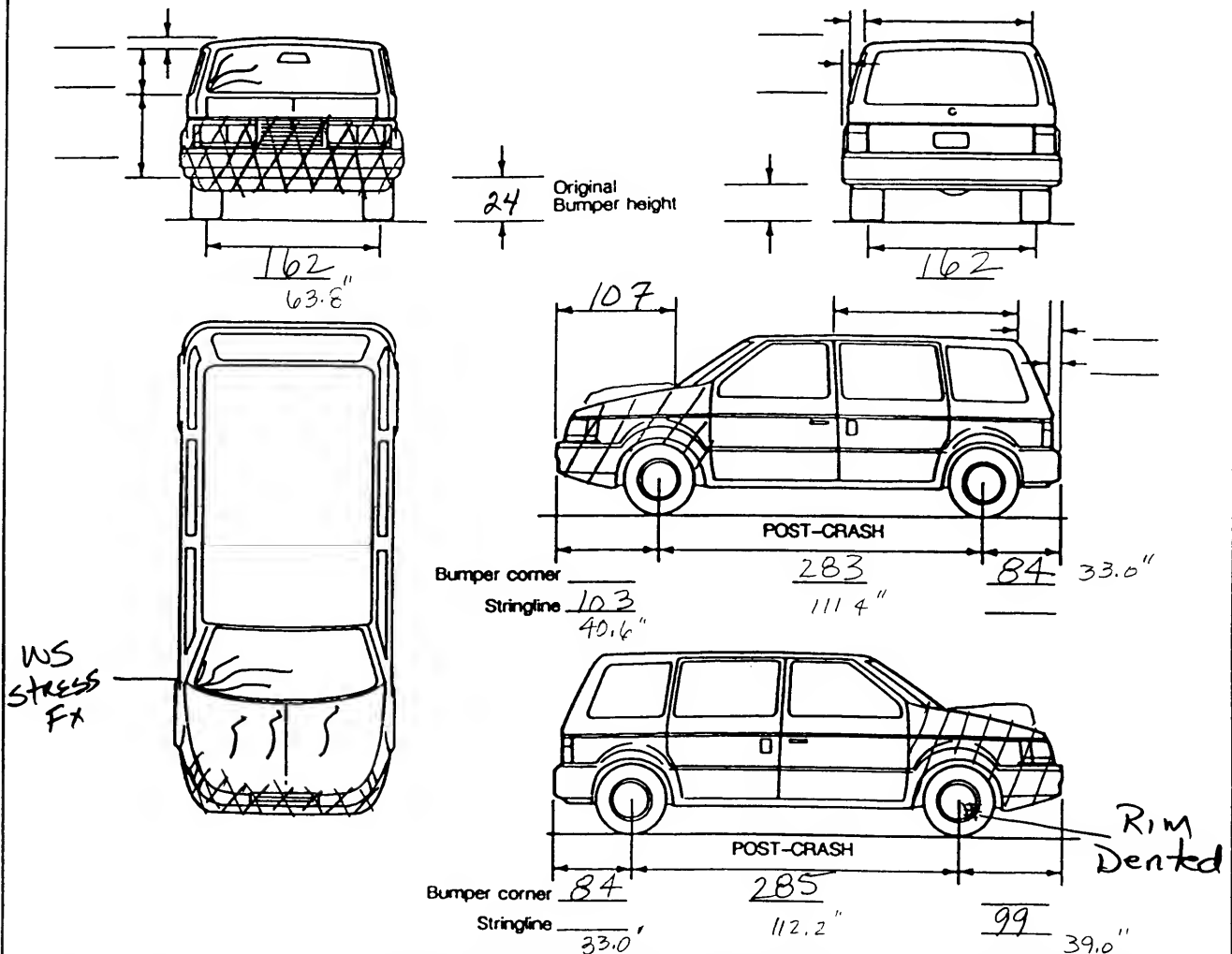
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	<u>GS</u>	Color: {specify}	Repair Cost: \$
Transmission: {circle}	<u>Automatic</u>	Manual	Speed: 3-speed <u>4-speed</u> 5-speed Other:
Steering: {circle}	<u>Power-assisted</u>	Manual	Type: <u>rack-and-pinion</u> worm-and-gear Other {please describe}:
Brakes: {circle}	<u>Power-assisted</u>	Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic <u>Self Adjusting</u> <u>ABS</u> <u>front disc, rear drum</u> Other:
Observed Defects: {specify}			
Fleet Type: {circle}	<u>Private vehicle</u>	Rental vehicle Leased vehicle Commercial vehicle Other {please describe}:	

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>285</u> cm Overall Length <u>482</u> cm Maximum Width <u>187</u> cm Curb Weight <u>1816</u> kg Average Track <u>161</u> cm Front Overhang <u>99</u> cm Rear Overhang <u>98</u> cm Undeformed End Width <u>148</u> cm Engine Size: cyl./displ. <u>V-6 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg			

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

MERCURY-Ford Lincoln/Mercury Div.,

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.	Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
1996 Mercury Tracer FWD 4 cyl 1.8 liter DOHC MPEFI Gas Engine(998)(16 valve) Bore & Stroke 3.27"x3.35"; Tax H.P. 17.11; SAE H.P. 127@6500; Torque 114@4500; 112 cu.in., 1.8 liter Man. Trans. 5-speed; EPA Mileage Estimate 26/31							
5-PS 4-dr Sedan LTS M14	54FA/AK	98.4"	170.9" x 66.7" x 52.7"	2377	17.11	13,625	14,040
Auto. Trans. 4-speed; EPA Mileage Estimate							
5-PS 4-dr Sedan LTS M14	54FA/AK	98.4"	170.9" x 66.7" x 52.7"	2439	17.11	14,440	14,855
Options Tracer: Destination Charge-\$415; Preferred Equip Pkg (540A) Sedan-\$395 Wagon-\$135 (541A) Sedan-\$1125 Wagon-\$860 (555A) LTS-\$930; Auto. Trans. 4-speed(44t)-\$815; Integrated Child Seat(216)-\$135; Air conditioning(572)-\$785; Anti-Lock Brakes(552)-\$570; Convenience Group(60B)-\$355; Defroster Rear Window(57Q)-\$170; Luggage Rack Dlx.Wagon(#548)-\$110; Moonroof Power(13B)-\$525; Power Group(53B)-\$520; Trio Option Pkg(434) Sedan-nc Wagon-\$210; AM/FM Stereo Radio w/cassette(589)-\$165 LTS-std w/CD(585)-\$325 (LTS)-\$160							

1996 Villager FWD V6 cyl 3.0 liter SOHC SMPEFI Gas Engine(99W) Bore & Stroke 3.425x3.268; Tax H.P. 28.15; SAE H.P. 151@4800; Torque 174@4400; 181 cu.in., 3.0 liter Auto. Trans. 4-speed; EPA Mileage Estimate							
5-PS 3-dr Wagon GS V11		112.2"	189.9" x 73.8" x 66.0"	4015	28.15	19,940	20,520
7-PS 3-dr Wagon LS V11		112.2"	189.9" x 73.8" x 66.0"	4015	28.15	24,300	24,880
7-PS 3-dr Wagon Nautica V11		112.2"	189.9" x 73.8" x 66.0"	4015	28.15	26,390	26,970
5-PS 3-dr Van V14		112.2"	189.9" x 73.8" x 66.0"	4015	28.15	19,385	19,965
Options Villager: Destination Charges-\$580; Preferred Equipment Pkg GS (691A)-\$1250 (692A)-\$2900 LS (695A)-\$740 (696A)-\$2040 Nautica (697A)-\$1430; Calif Emissions System(422)-\$100; Wheels (Aluminum)(64U)-\$395; Seats (7-PS)(21A) (GS)-\$330 (LS)-Std (Quad Captain)(21H) (LS)-\$610 Nautica-std (4-way Power)(90F)-\$195 (8-way Power)(P90)-\$395; Leather Trim Seats(R)-\$865; Air Conditioning(572) (GS)-\$865 (LS)-Std; Air Conditioning Rear Auxiliary & Heating(574)-\$465 w/auto Temp Control(573)-\$645; Anti-Theft System(904)-\$100; Electric Rear Window Defroster(57Q)-\$170; Flip Open Lift Window(17F)-\$115; Privacy Glass(924)-\$415; Instrument Cluster Electronic(15A)-\$245; Light Group(593) GS-\$165 LS-std; Luggage Rack(615) (GS)-\$145 (LS)-Std; Dual Power Mirrors(543)-\$100 (LS)-std; Power Moonroof(439)-\$775; Power Window/Locks(943)-\$570; Keyless Entry(948 29.4)-\$175 w/Autolamp on/off(60A)-\$350; Speed Control(52N)-\$225 w/Leather-Wrapped Wheel(52R)-\$320; Trailer Tow Pkg(534)-\$250; AM/FM Stereo w/cassette(91M)-\$310 w/Supersound(588)-\$865 w/CD(91P) (GS)-\$865 (LS)-\$370							

OLDSMOBILE Div. General Motor Corp.,

1994 Achieva FWD L4 cyl 2.3 liter EFI OHC Gas Engine(L40)(8 Valve) Bore & Stroke 3.62x3.35; Tax H.P. 20.97; SAE H.P. 115@5200; Torque 140@3200; 138 cu.in., 2.3 liter Man. Trans. 5-speed(MMS)							
5-PS 2-dr NB Coupe S	3NL37	103.4"	187.9" x 67.5" x 53.4"	2668	20.97	14,075	14,560
5-PS 4-dr NB Sedan S	3NL69	103.4"	187.9" x 67.5" x 53.4"	2731	20.97	14,175	14,660
Auto. Trans. 3-speed(MX1) w/air conditioning							
5-PS 2-dr NB Coupe SE	3NL37/R7B	103.4"	187.9" x 67.5" x 53.4"	2745	20.97	13,510	13,995
5-PS 4-dr NB Sedan SE	3NL69/R7B	103.4"	187.9" x 67.5" x 53.4"	2808	20.97	13,510	13,995
Auto. Trans. 4-speed(MX0) w/air conditioning & power windows							
5-PS 2-dr NB Coupe SE	3NL37/R7C	103.4"	187.9" x 67.5" x 53.4"	2783	20.97	14,510	14,995
5-PS 4-dr NB Sedan SE	3NL69/R7C	103.4"	187.9" x 67.5" x 53.4"	2852	20.97	14,510	14,995

1994 Achieva FWD 4L cyl 2.3 liter EFI Gas Engine(LG0)(16 valve) Bore & Stroke 3.62x3.35; Tax H.P. 20.97; SAE H.P. 175@6200; Torque 155@5200; 138 cu.in., 2.3 liter Man. Trans. 5-speed							
5-PS 2-dr NB Coupe SL	3NF37	103.4"	187.9" x 67.5" x 53.4"	2851	20.97	17,475	17,960
5-PS 4-dr NB Sedan SL	3NF69	103.4"	187.9" x 67.5" x 53.4"	2919	20.97	17,475	17,960

1994 Achieve FWD V6 cyl 3.1 liter SFI OHV Gas Engine(L82)(12 valve) Bore & Stroke 3.5x3.31; Tax H.P. 29.46; SAE H.P. 160@5200; Torque 185@4000; 191 cu.in., 3.1 liter Auto. Trans. 4-speed(MX0) w/power windows							
5-PS 2-dr NB Coupe SE	3NF37/R7D	103.4"	187.9" x 67.5" x 53.4"	2936	29.46	16,510	16,995
5-PS 4-dr NB Sedan SE	3NF69/R7D	103.4"	187.9" x 67.5" x 53.4"	3004	29.46	16,510	16,995

1994 Achieve FWD 4L cyl 2.3 liter Quad MPFI Gas Engine(LD2)(16 valve)(optional) Bore & Stroke 3.62x3.35; Tax H.P. 20.97; SAE H.P. 155@600; Torque 250@4800; 138 cu.in., 2.3 liter Auto. Trans. 3-speed(MX1)(optional-\$555)							
Options Achieve: Destination Charges-\$485; 2.3 liter 4 cyl MPFI Gas Engine(LD4) S-\$410 SL-\$140Credit; 3.1 V6 SPFI Gas Engine(L82) (SL)-\$140Credit; Auto. Trans. 3-speed(MX1)-\$555 4-speed(MX0)-\$755; Emissions (Calif)(YF5)-\$100 (NY)(NG1)-\$100; Option Pkg (S) 1SB-\$1468 1SC-\$1968/2033; 6-way Power Driver Seat(AC3)-\$270; Split Folding rear Seat(AM9)-\$150; Power Windows (Coupe)-\$275 (Sedan)-\$340; Astrorod(CF5)-\$595; Air Conditioning(C60)-\$830; Wheels (Aluminum)(PF7)-\$391 Luggage Carrier(V56)-\$115; AM/FM Stereo Radio w/CD(U1C)-\$256 w/cassette(UM6)-\$140; Leather Trim(WJ7)-\$425							

1994 Cutlass FWD 4L cyl 2.2 liter MPFI OHV Gas Engine(LN2)(8 valve) Bore & Stroke 3.5x3.46; Tax H.P. 19.6; SAE H.P. 120@5200; Torque 130@4000; 133 cu.in., 2.2 liter Auto. Trans. 3-speed(MD9); EPA Mileage Estimate 25/31							
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COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>03</u>	5. <u>44</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. <u>01</u>	13. <u>63</u>	14. <u>12</u>	15. <u>F</u>	16. <u>D</u>	17. <u>L</u>	18. <u>N</u>	19. <u>01</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>148</u>	<u>009</u>	<u>011</u>	<u>029</u>	<u>022</u>	<u>018</u>	<u>018</u>	<u>+ 000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

148

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

130

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

285

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

161

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>1</u>	35. Location of Fuel Tank-1 Filler Cap	<u>4</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>1</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>4</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
(Include photograph of CERTIFICATION PLACARD in case report)		(2) Aft of center of the rear wheels (rear axle) left side	
(9) Unknown if vehicle is modified		(3) Aft of center of the rear wheels (rear axle) right side	
		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 96 21

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 9 25. RF 9 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 2

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 2 40. LF 1 41. RF 1 42. LR 1 43. RR 2

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

PER
Inspection

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

No - deformation

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>20</u>	49. <u>3</u>	50. <u>2</u>
2nd	51. <u>13</u>	52. <u>20</u>	53. <u>2</u>	54. <u>2</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

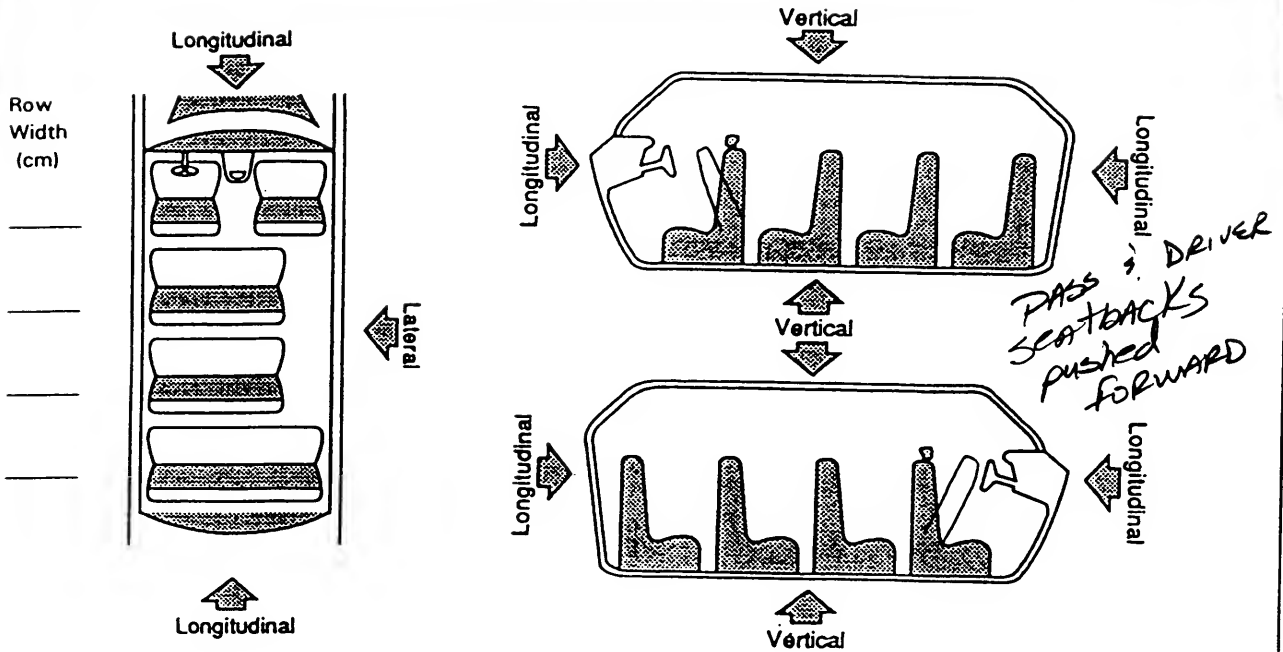
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 3

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

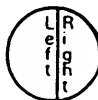
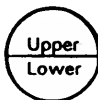
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading 018,000

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

11,017 miles X 1.6093 = 17,730 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 2

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2	2
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	3	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2 D 1 P
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

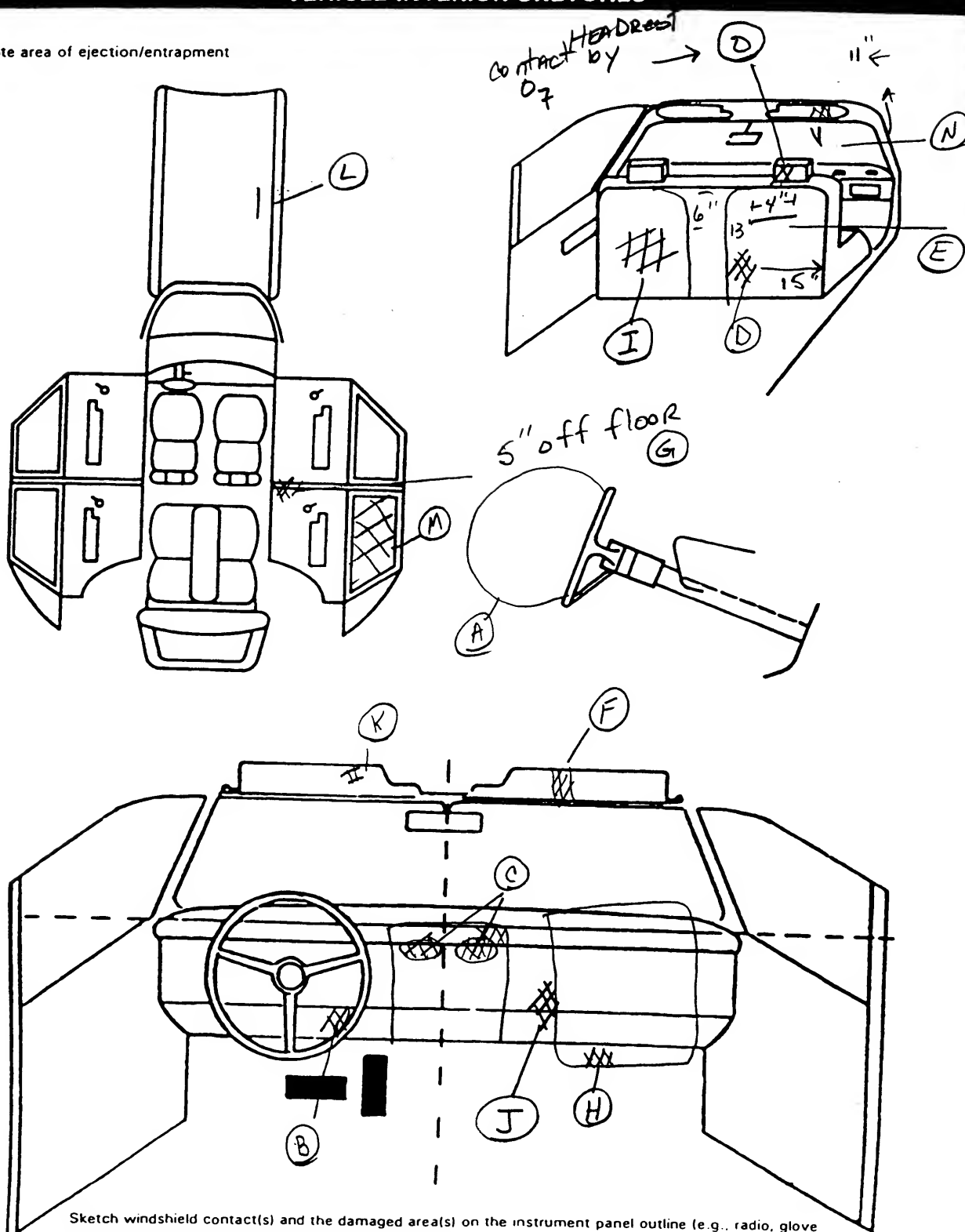
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	1	FACE	MUCOUS / SKIN	1
B	610	1	⑧ Knee	scuff	1
C	011	2	FACE	indented / vent Broken out	1
D	151	7	LOWER TORSO	seatback bent FORWARD / SKIN	1
E	151	7		" "	1
F	003	7	HEAD	BLACK TRANSFER	1
G	104			scuff plastic Broken	1
H	180	3	FACE	OIL TRANSFER	1
I	151	4	TORSO	seatback bent forward	1
J	012	3	⑥ Knee	SKIN TRANSFER - Dented	1
K	003	1	HEAD	DARK TRANSFER	1
L	205	UNK	UNK	scuff	1
M	107	UNK	UNK	scuff	1
N	601	7	HEAD	OIL SMUDGE	1

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
(3) Air bag not reinstalled
(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	4		4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		04
	D-Proper Use	1		1
	E-Failure Modes	1		1
	F-Anchorage Adjustment	3		2
S E C O N D	A-Availability	4	4	
	B-Evidence of usage	00	00	
	C-Used in this crash?	00	00	
	D-Proper Use	0	0	
	E-Failure Modes	0	0	
	F-Anchorage Adjustment	1	1	
O T H E R	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	00
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

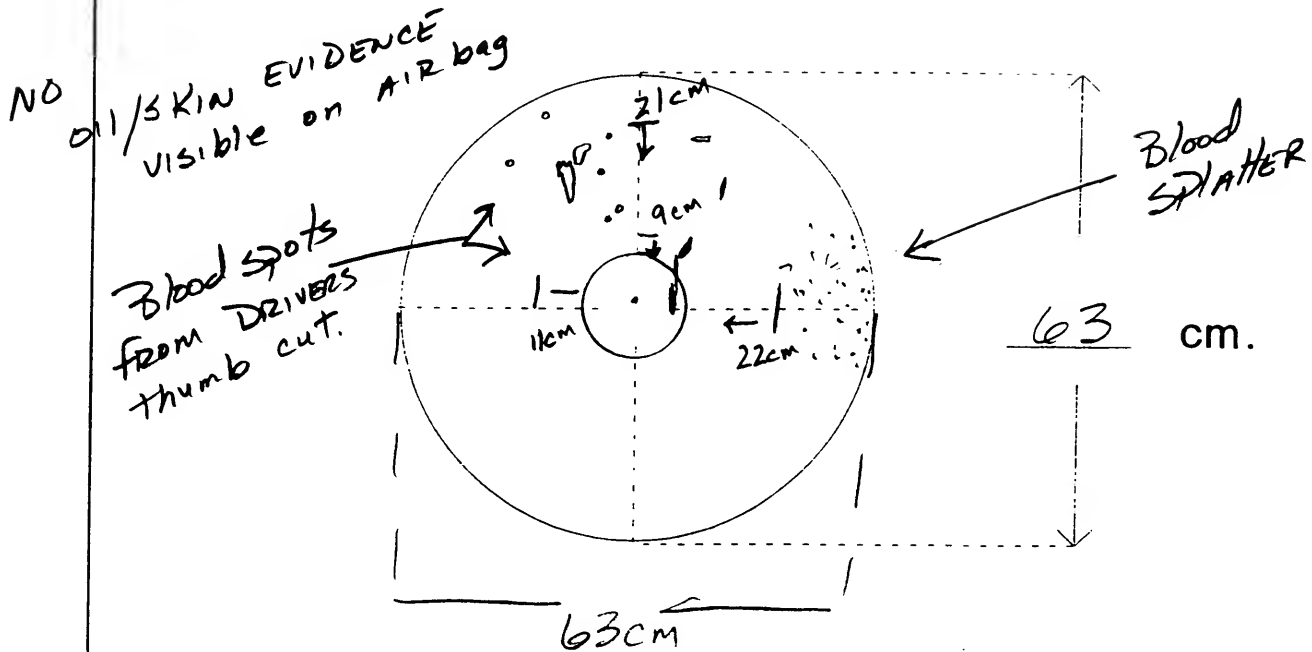
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable Shoulder Belt Upper Anchorage

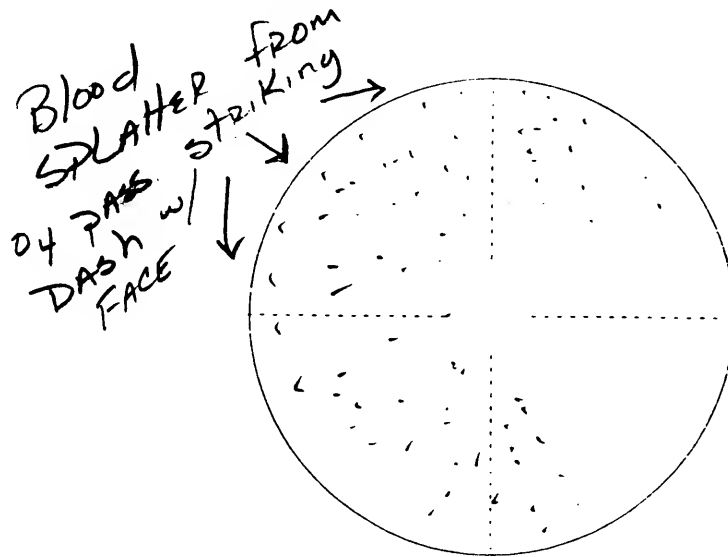
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER seatback to center Hub 36cm 15cm w/ person

PASS

seatback to 3RD seatback 63"

post PASS seatback to DASH 50cm

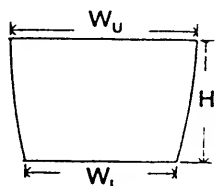
Leading edge DASH to Air bag cover 3cm

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



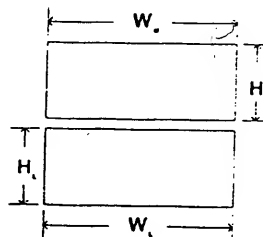
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) 25 width (W_L) 20

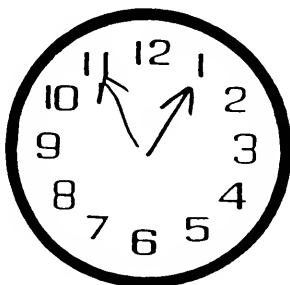
height (H_U) 8 height (H_L) 8



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



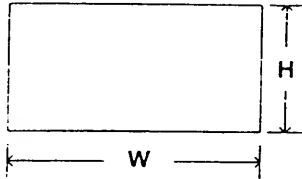
VENT DIAM
4cm

2 Tethers
each 7cm wide.

PASSENGER AIR BAG SKETCHES (Cont'd)

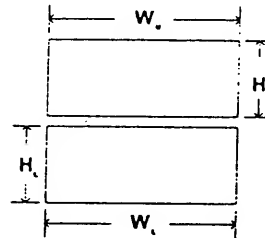
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 46
height (H) 15



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

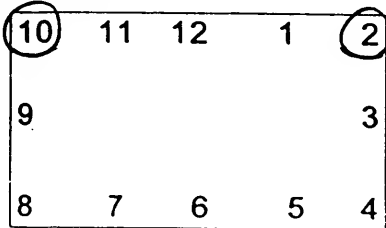
a. Upper Flap b. Lower Flap
width (W_U) _____ width (W_L) _____
height (H_U) _____ height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



VENT DIAM
2.5cm

1 tether 46cm wide

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

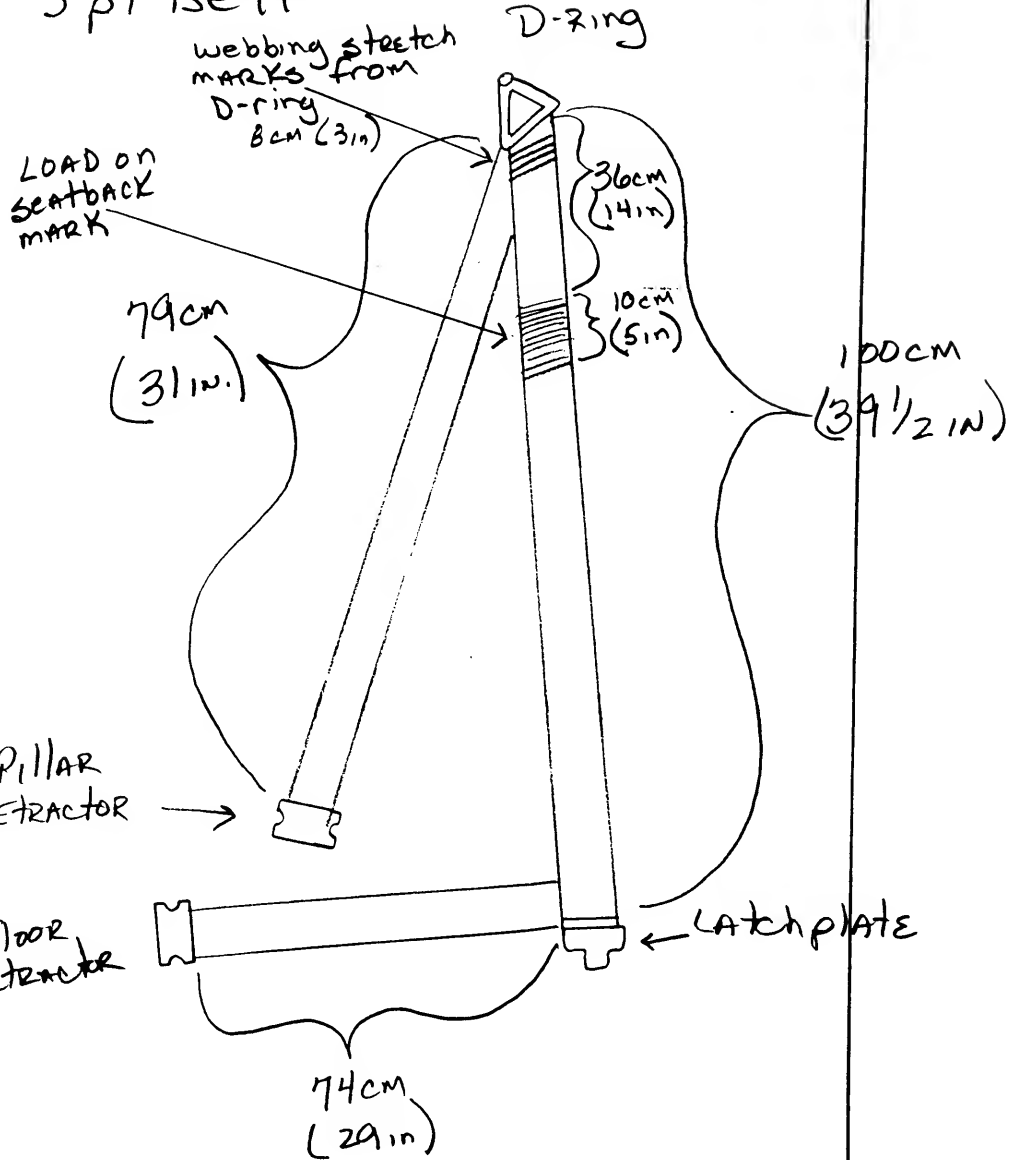
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

Passenger 3 pt Belt



4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3		4
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	6		6
	E-Seat Back Incline Pre/Post Impact	15		16
	F-Seat Performance	5		5
S E C O N D	A-Head Restraint Type/Damage	SEAT REMOVED PRIOR TO CRASH.		
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
T H I R D	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	2	2	2
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	8	8	8
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

* RF occupants Head Restraint contacted by
07

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage		N O N E				
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

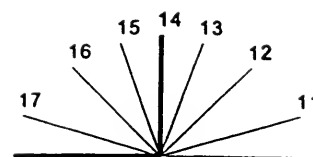
- (0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other (specify): _____
 (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

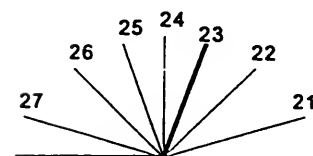
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

**B-Seat Type (this Occupant Position)**

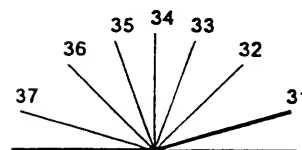
- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): _____
 (99) Unknown

Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

(99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact***D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat tracks/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): Deformed w/ F how
 (9) Unknown

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): DRIVER E

2. Case Number - Stratum 9621

occup #2

3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

WE were E/B down A steep hill then went uphill 90° degree turn. Came down hill and started to slow down. I didn't slow enough. I hit them harder and skidded into wall.

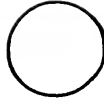
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

Do you Remember curb impact?

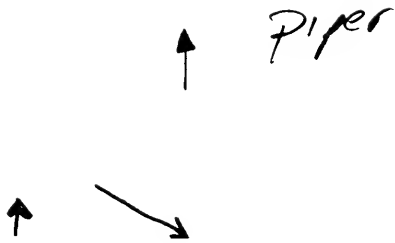
I couldn't tell we hit curb just the wall.
only remember hitting wall

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.



CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, <u>intersection signs</u> , etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input checked="" type="checkbox"/> Braking with lock-up ^{ABS} <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): <u>off Roadway @ T-intersection</u>
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	<u>I only felt 1 impact.</u>

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP TO "FIRE DATA" BELOW
 ☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP THIS SECTION
 ☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>9</u> Make: <u>MERCURY</u> Model: <u>Villager</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input checked="" type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <i>popped out. Don't know if someone hit it.</i> <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <i>I had to open it to get insurance papers.</i> <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <i>5 lb bag birdseed</i> <i>A small piece of wood</i> Approximate weight - <u>7</u> pounds <u>3.2 kg</u>
VEHICLE MILEAGE	<u>VI</u> miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input checked="" type="checkbox"/> Student <i>High School</i> <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>3</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>500</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <i>@</i> <input type="checkbox"/> Social/recreational <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <i>CRUISING</i> <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <i>AROUND</i> <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT # 3
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	SPENCER	PIPER FR
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 6' WEIGHT: 190 AGE: 16 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 6' WEIGHT: 155 AGE: 16	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'3" WEIGHT: 95 AGE: 14
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above kneeling on floor between	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed (R) on brake J	Indicate all letters that apply and further describe as needed 2 front seats holding on to both DRIVER & PASS ARM REST	Indicate all letters that apply and further describe as needed on floor unknown Doesn't Recall

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>												
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown N/A	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown												
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown TOWARDS BACK?	<input type="checkbox"/> Not adjustable N/A <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown												
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td> <input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input checked="" type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input checked="" type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td> <input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td> <input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input checked="" type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input checked="" type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown </td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input checked="" type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input checked="" type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown
PRE	POST														
<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input checked="" type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown														
PRE	POST														
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PRE	POST														
<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input checked="" type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input checked="" type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown														

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Full up	<input type="checkbox"/> Between full up and center
<input checked="" type="checkbox"/> Center	<input type="checkbox"/> Between center and full down	
<input type="checkbox"/> Full down	<input checked="" type="checkbox"/> Unknown	I've never touched it

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Full back	<input type="checkbox"/> Between full back and midpoint
<input type="checkbox"/> Midpoint	<input type="checkbox"/> Between midpoint and full forward	
<input type="checkbox"/> Full forward	<input type="checkbox"/> Unknown	

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown**(Note to researcher: try to determine any driver distractions without implying fault)**

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * * Describe: <i>Knocking between 2 front seats</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input checked="" type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>3</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <u>contacts.</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input checked="" type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>REHAB</u> <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>2</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u>4 DAYS</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>SINCE CRASH</u> <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

 PARENTS
 2/4

PSU Number 1 0

Case Number—Stratum

Vehicle Number 01

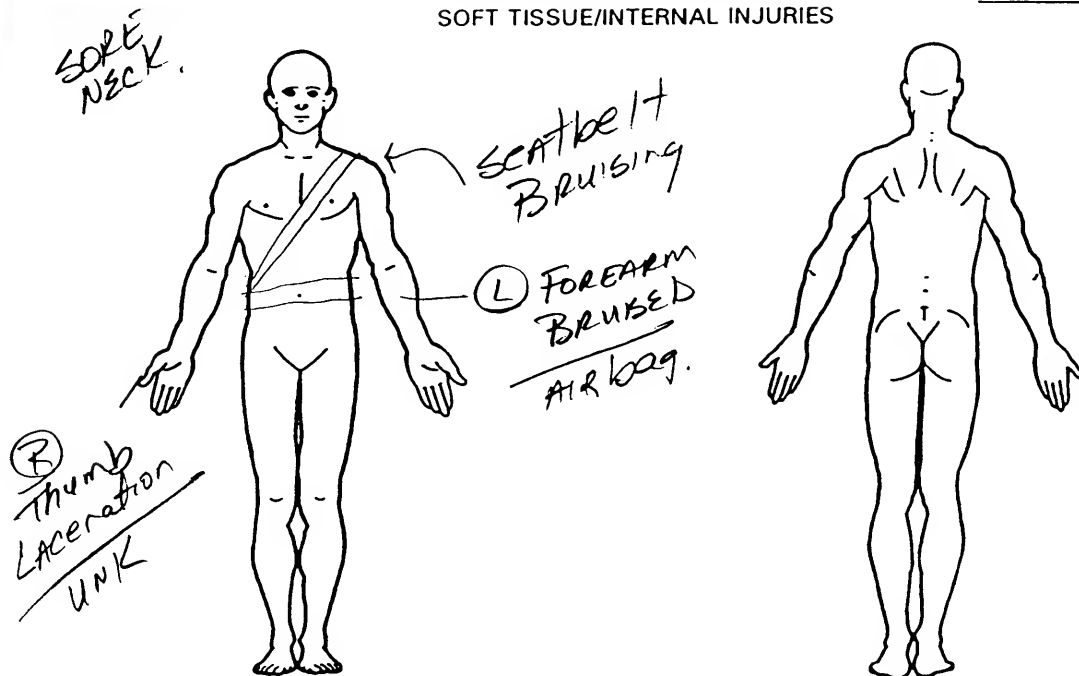
Occupant Number 0 /

INJURY DATA FROM INTERVIEWEE(S)

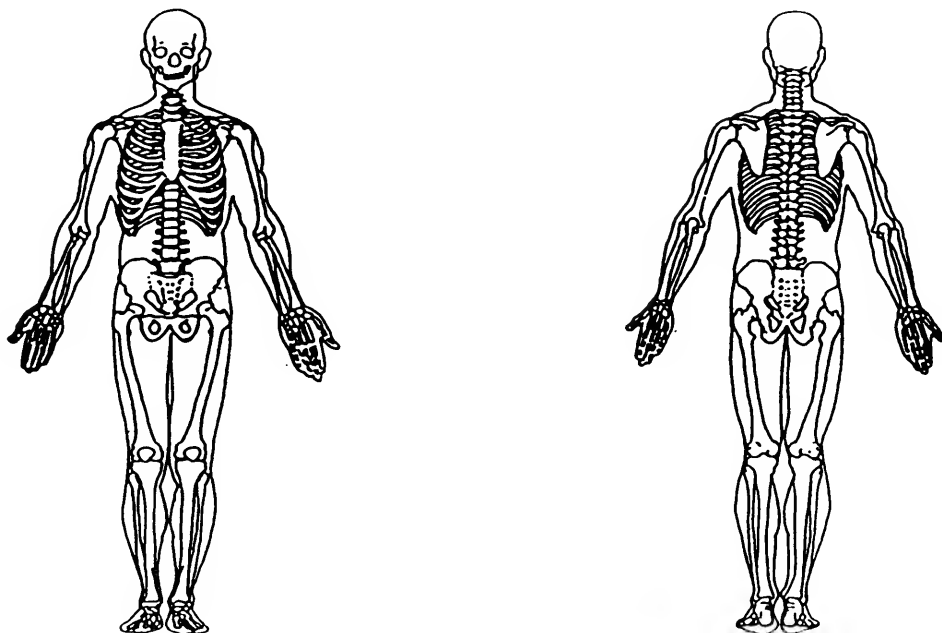
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):

DRIVER

SOFT TISSUE/INTERNAL INJURIES



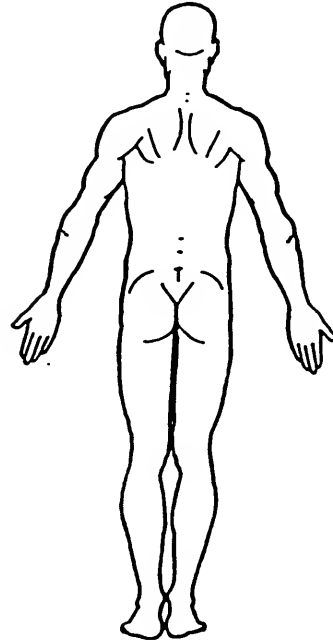
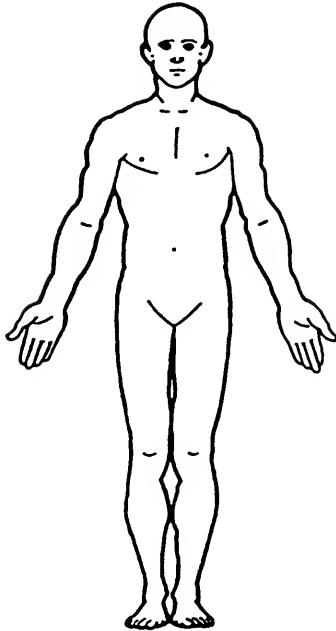
SKELETAL INJURIES



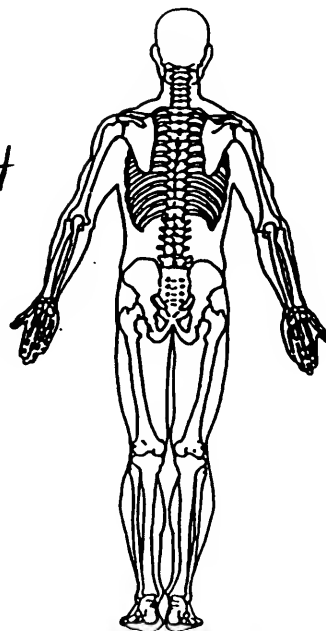
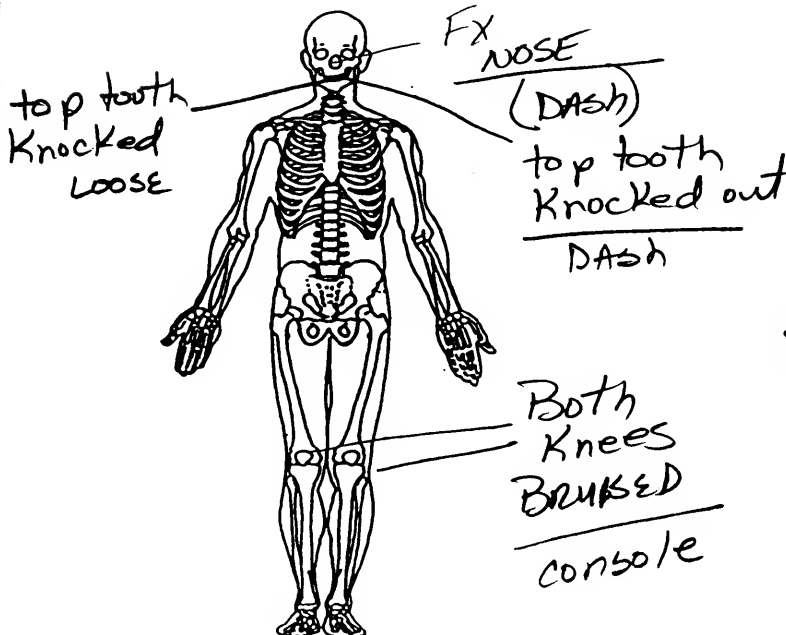
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9621 Vehicle Number 01 Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): This occup

SOFT TISSUE/INTERNAL INJURIES



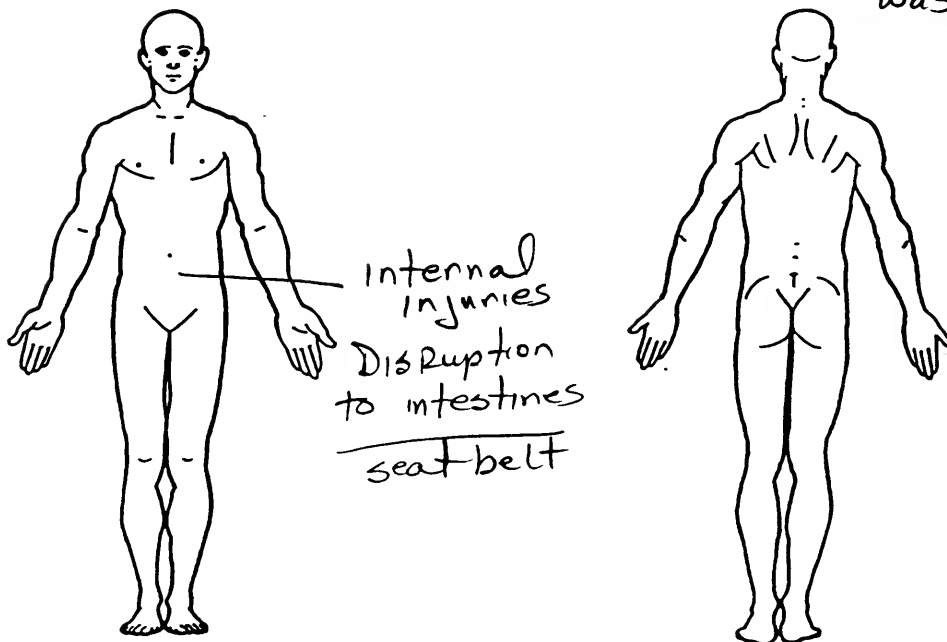
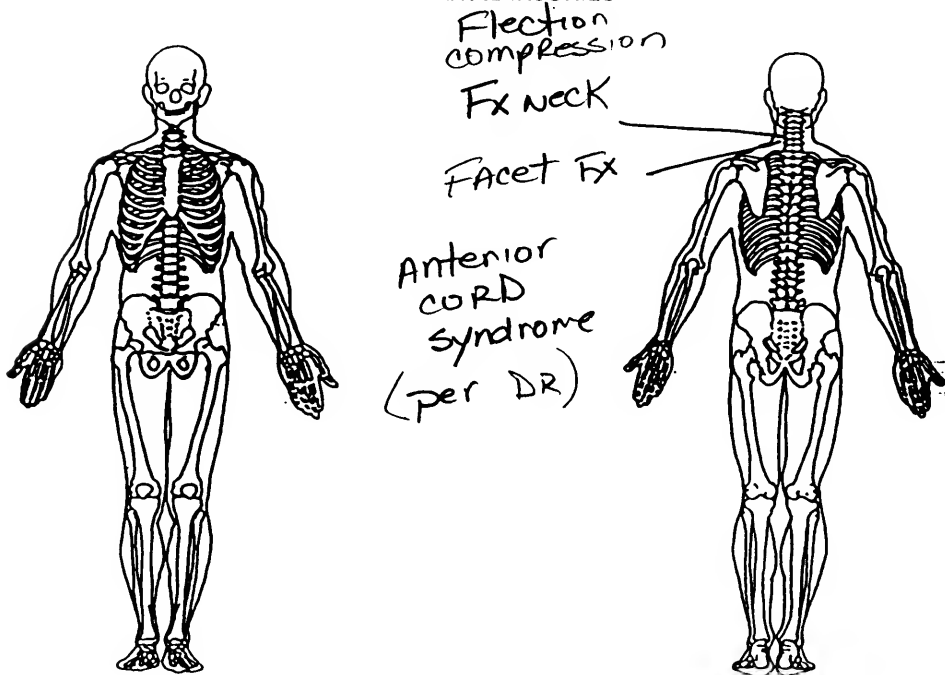
SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9621Vehicle Number 01Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Brother of
this occupant which
was O₂

SOFT TISSUE/INTERNAL INJURIES**SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

**NASS CDS SUPPLEMENT INTERVIEW FORMS:
RELATIVES OF LEFT AND CENTER REAR PASSENGERS
AND
RIGHT REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9621
3. Vehicle Number 01

Interviewee(s) Role or Name(s): Mother of
occup #5, mother of occup
#6
Phone number: _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u>6</u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)			
SEX, HEIGHT, WEIGHT, AND AGE? <div style="text-align: right;">167.6 52.2</div>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input checked="" type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'6"</u> WEIGHT: <u>115</u> AGE: <u>15</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'3"</u> 160.0 WEIGHT: <u>100</u> 45.4 AGE: <u>15</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'6"</u> 167.6 WEIGHT: <u>112</u> 50.8 AGE: <u>15</u>
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above <u>sitting on floor behind driver</u>	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe any additional information here: <u>I flew forward hit face on Dash Broke nose upper tooth. Knocked out unconscious couple seconds. (per occup #2) spencer</u>			

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u>6</u>
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <i>Sitting on floor behind driver</i>	Indicate all letters that apply and further describe as needed <i>Both feet on floor</i> <i>Unknown how hands positioned 3 on LAP.</i>	Indicate all letters that apply and further describe as needed <i>Both on floor</i> <i>Unknown maybe on LAP.</i>
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>N/A</i>	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>TRACK</u>, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown <i>N/A</i>	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>BACK</u>, IF "YES" WHERE WAS THE <u>BACK</u> PRE AND POST IMPACT	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown <i>N/A</i>	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u>6</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved. THROWN FORWARD on top of	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

Doesn't Remember sitting veh

RESTRAINT INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u>6</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * Describe: <u>sitting on floor</u>	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * Describe:	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <u>Loosely</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <u>HAD belt on loosely and flew out of it</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <u>I guess</u>	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____

Describe any breaks, tears, or failures to any of the seat belts:

AIR BAG INFORMATION**WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

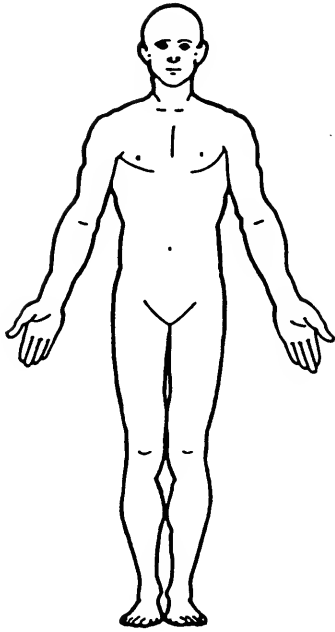
INJURY INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u>6</u>
WERE YOU INJURED? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <i>not treated</i> <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input checked="" type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown <i>2 DAYS later</i>
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?		NOT TREATED	PRVT Doctor
RECEIVED ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u>1</u> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>1</u> <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 96 Vehicle Number 01 Occupant Number 04

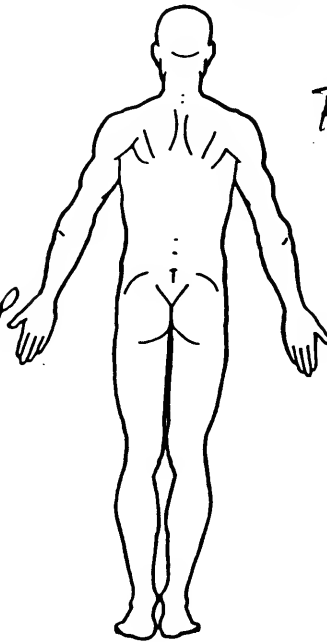
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): other occupants

SOFT TISSUE/INTERNAL INJURIES

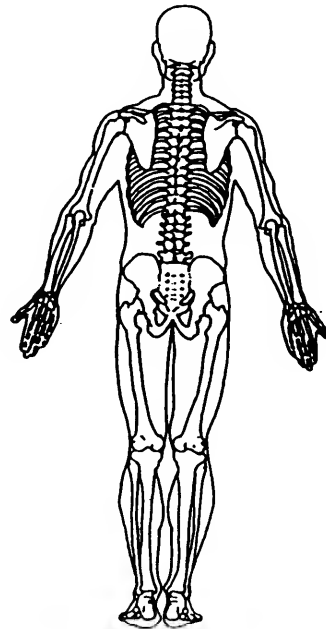
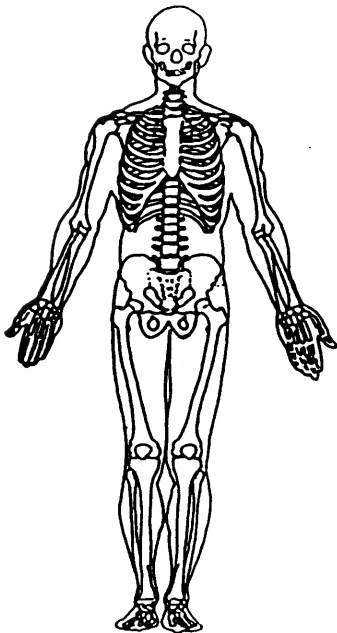


MINOR
BRUISES
from others
landing on top
of her



BACK
SORE

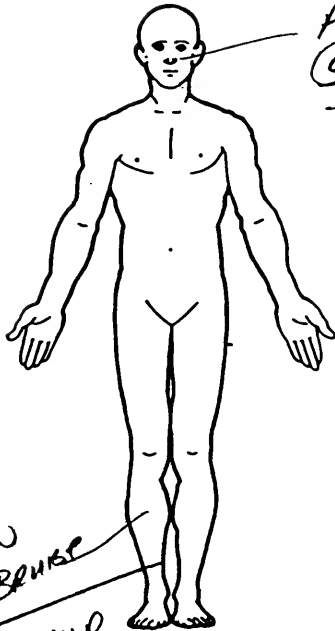
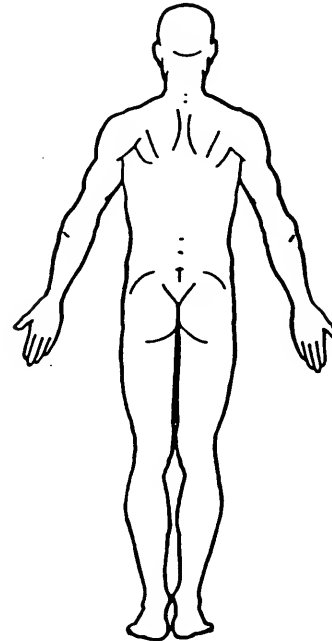
SKELETAL INJURIES



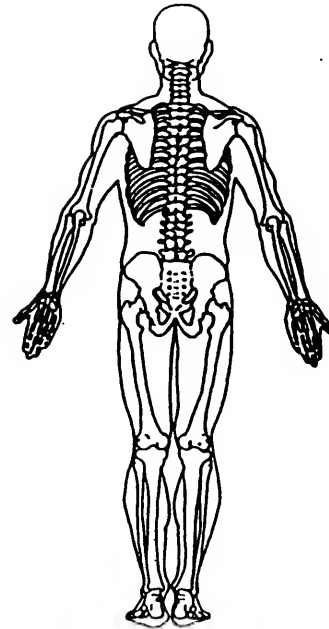
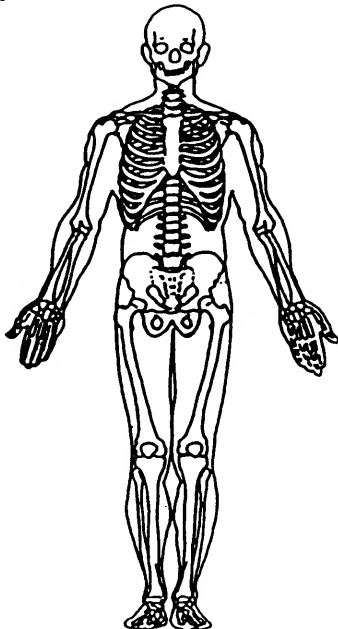
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9621 Vehicle Number 01 Occupant Number 05**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): mother ofthis occupant

SOFT TISSUE/INTERNAL INJURIES

ABRASION
④ cheek
SEAT BACK② shin
Bump/BRUISE
UNK-occup
on floor?

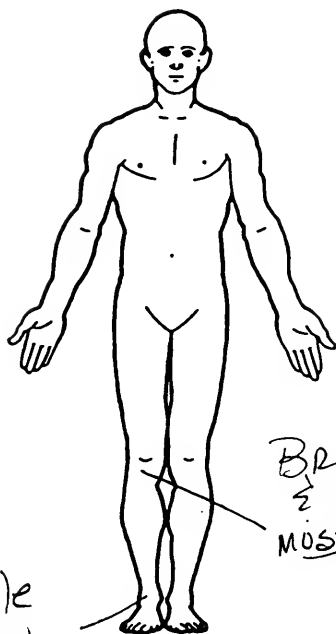
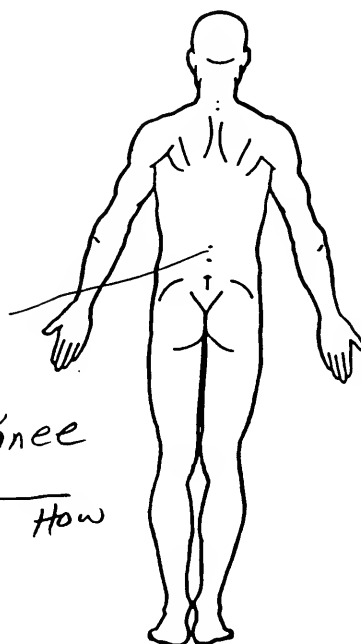
SKELETAL INJURIES



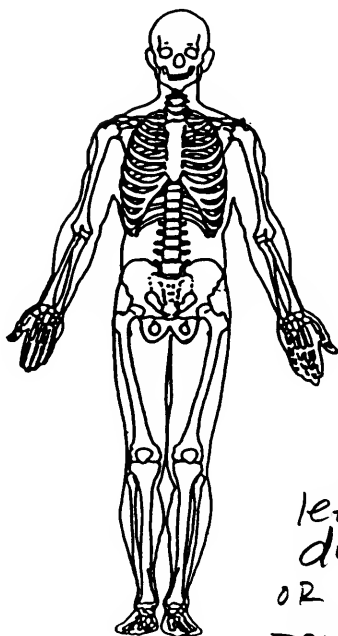
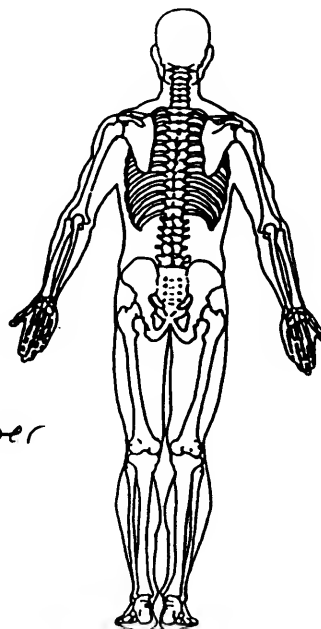
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9621 Vehicle Number 01 Occupant Number 06**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Mother ofthis occup

SOFT TISSUE/INTERNAL INJURIES

LOWER
BACK
PAINBRUISES to Knee
& lower leg
mostly to R
UNKNOWN HowⓇ ANKLE
STRAIN

SKELETAL INJURIES

MEMORY
LOSS of
CRASHDoesn't remember
leaving seat
during CRASH
OR exiting veh
post CRASH.

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>This occupant</u>
2. Case Number - Stratum <u>9621</u>	
3. Vehicle Number <u>01</u>	
Phone number: _____	

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>7</u>	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)			
SEX, HEIGHT, WEIGHT, AND AGE? <div>170.2 79.4</div>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7"</u> WEIGHT: <u>175</u> AGE: <u>18</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - nk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

Describe any additional information here:

Impacts seemed simultaneously
I Remember hitting then I blacked out
I remember waking up on floor in middle. Emily said
we all landed on top of her. I guess I asked someone
to help me out although I knew my Ankle was broken

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <i>Both on floor</i> <i>ON LAP?</i> <i>I don't Remember bracing for CRASH</i>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>TRACK</u>. IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>BACK</u>. IF "YES" WHERE WAS THE <u>BACK</u> PRE AND POST IMPACT	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

RESTRAINT INFORMATION			
	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ _____
Describe any breaks, tears, or failures to any of the seat belts:			

National Accident Sampling System-Crashworthiness Data System: Occupant Data Questions Supplement

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

After CRASH I Rember being on floor by myself in middle. My sister was ALREADY out of VAN. I guess I ASKed someone to help me out to the ground so I could LAY down on GRASS. I Knew my Ankle was Fx

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> >1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

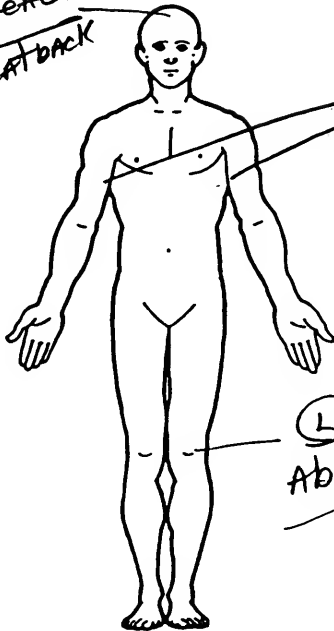
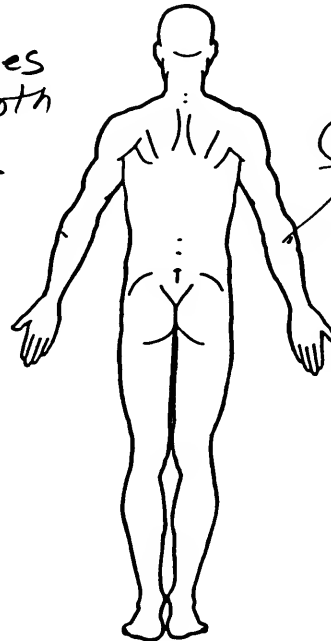
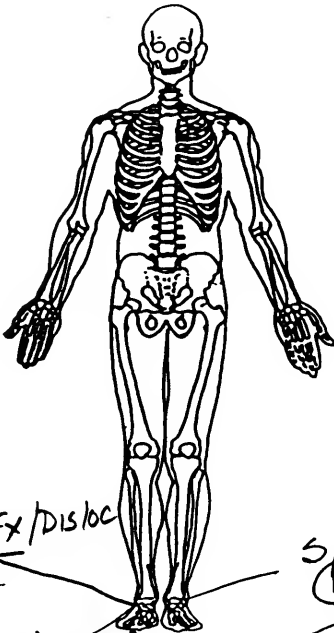
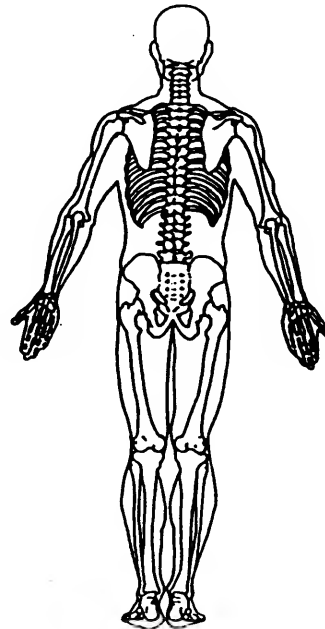
Emily SAID everyone in back seat ended up on top of her on floor in middle.

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION			
	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input checked="" type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVED ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH? <i>college</i>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>10</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>IF NEEDED</i> <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9621 Vehicle Number 01 Occupant Number 07**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): THISoccup.**SOFT TISSUE/INTERNAL INJURIES**Knot on
Forehead
unk seatbackbig bruises
under both
ARMS
seatback?L Knee
ABRASION / LAC.
seatbackR elbow
cut / ABRASION
R window**SKELETAL INJURIES**R Ankle
Fibula Fx / Disloc
B-PillarR foot
ruptured
tendonSPRAIN
L Ankle

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9621

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 183

Code actual height to the nearest centimeter.

(999) Unknown

72 inches X 2.54 = 182.9 centimeters

8. Occupant's Weight 086

Code actual weight to the nearest kilogram.

(999) Unknown

190 pounds X .4536 = 86.2 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 7

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 3

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

- Availability/Function
(This Occupant Position)
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment 1

- (This Occupant Position)
- (0) Not equipped/not available
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

- Availability/Function
(This Occupant Position)
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 03

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag + 0024
Deployment Impact

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
Two
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 3
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

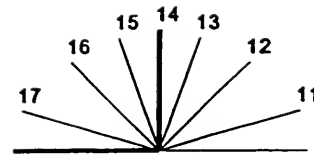
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 15

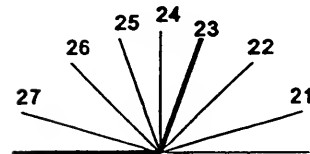
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

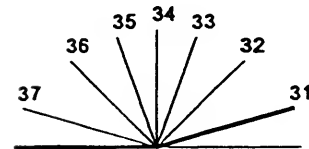
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 7

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): SEATBACK failure & seat track failure.
 (8) Other (specify): _____
 (9) Unknown

SEE PHOTOS

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

4 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 01

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data		Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
Contusion ① 1st shoulder		5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>152</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Contusion ② 2nd chest		16. <u>7</u>	17. <u>4</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>4</u>	23. <u>152</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Contusion ③ across abdomen		27. <u>7</u>	28. <u>5</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>8</u>	34. <u>152</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Contusion ④ 4th forearm		38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>170</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
Laceration ⑤ 5th Thumb		49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>06</u>	53. <u>00</u>	54. <u>1</u>	55. <u>1</u>	56. <u>697</u>	57. <u>9</u>	58. <u>7</u>	59. <u>99</u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

U.S. - 90

	Source of Injury Data	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury						A.I.S. Severity
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with		(6) Posterior
(7) Upper Extremity	02.		(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving	Abbreviated Injury Scale	
	(50) Injury - NFS		(1) Minor Injury
	(90) Trauma, other than mechanical		(2) Moderate Injury
			(3) Serious Injury
			(4) Severe Injury
			(5) Critical Injury
			(6) Maximum (untreatable)
			(7) Injured, unknown severity
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level of		
	(06) Consciousness		
	(08) Concussion		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

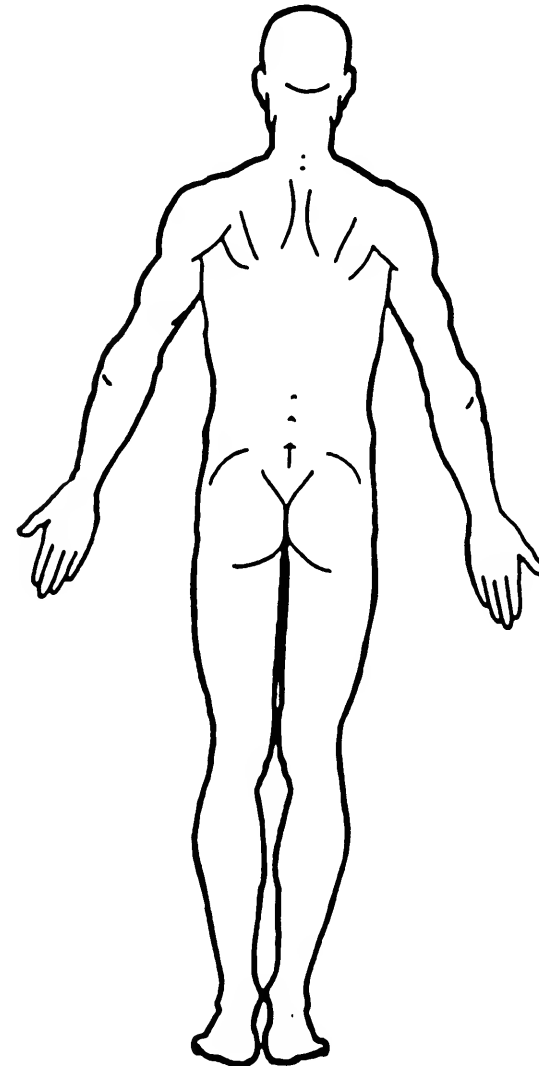
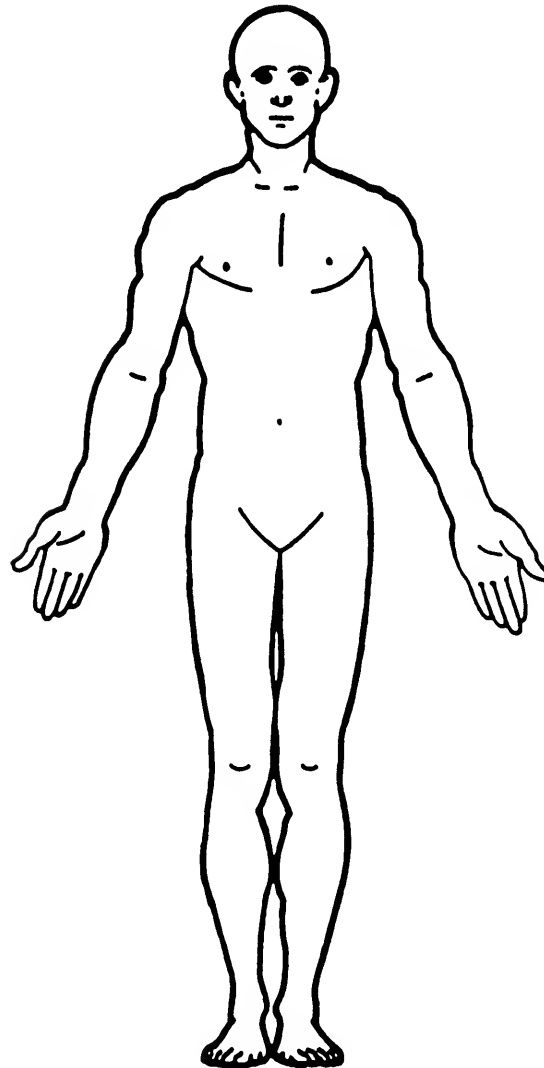
Arterial Blood Gases

pH =

PO₂ =

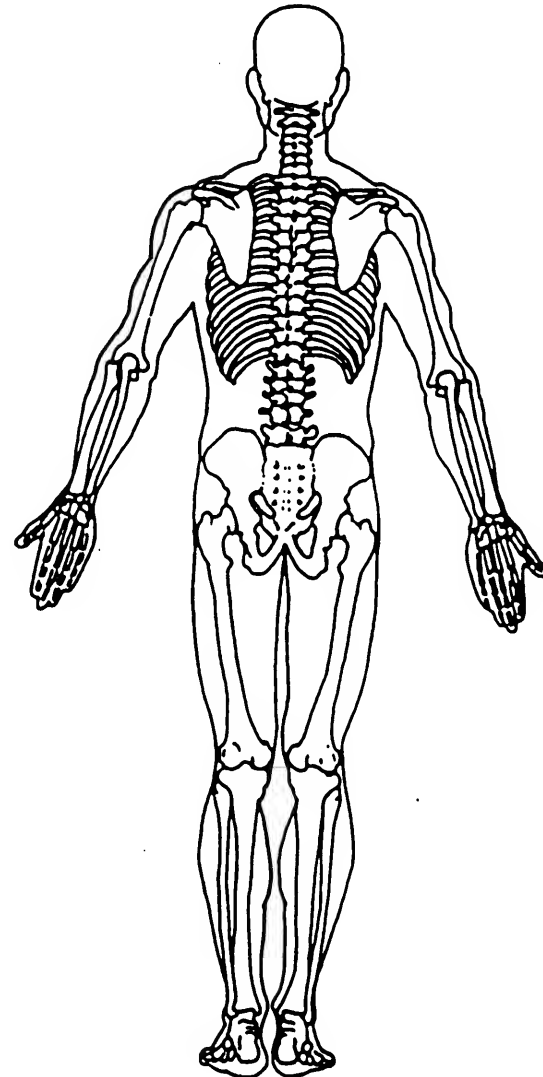
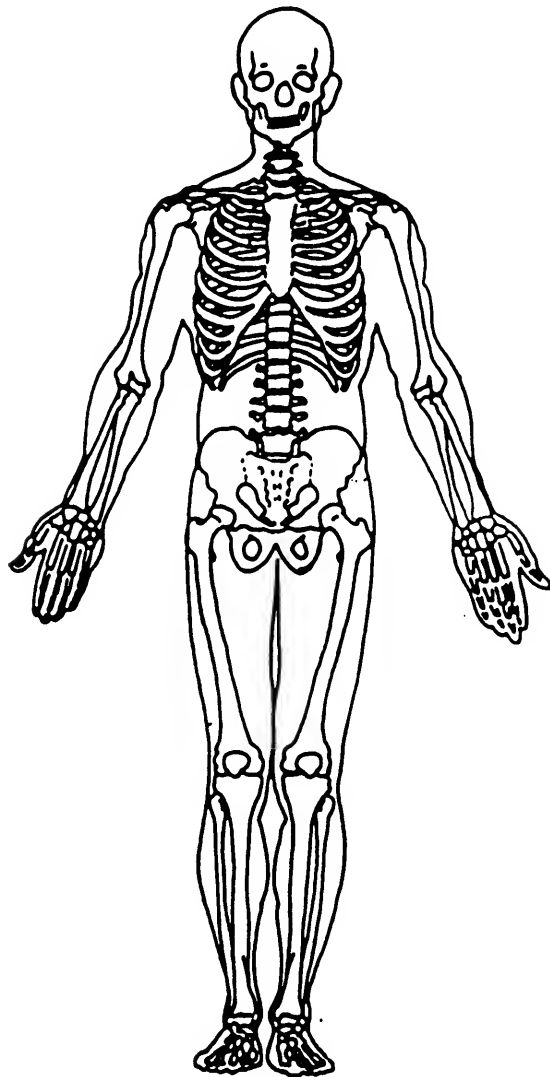
PCO₂

HCO₃



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____

- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): _____
- (409) Additional or relocated switches. (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

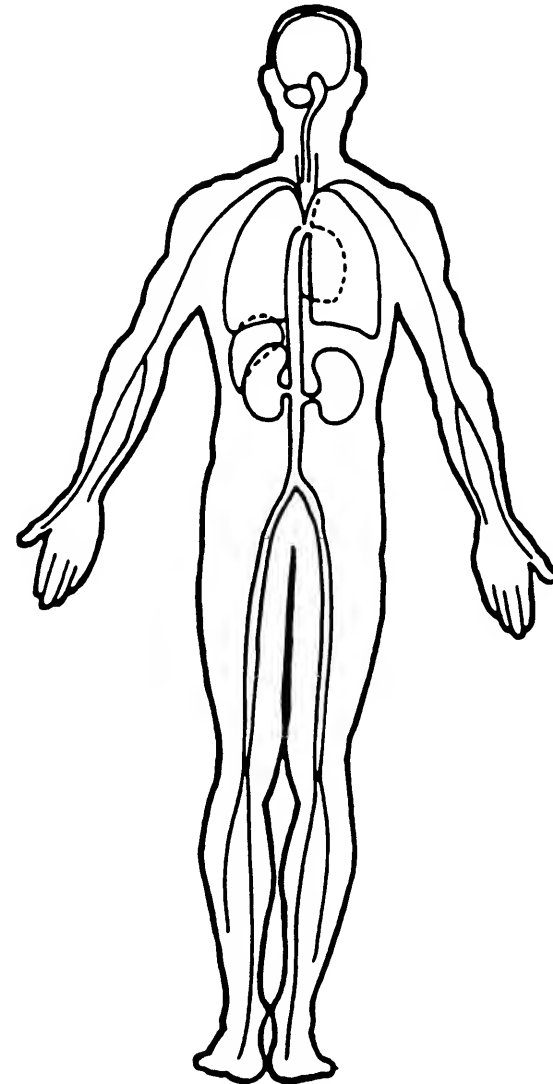
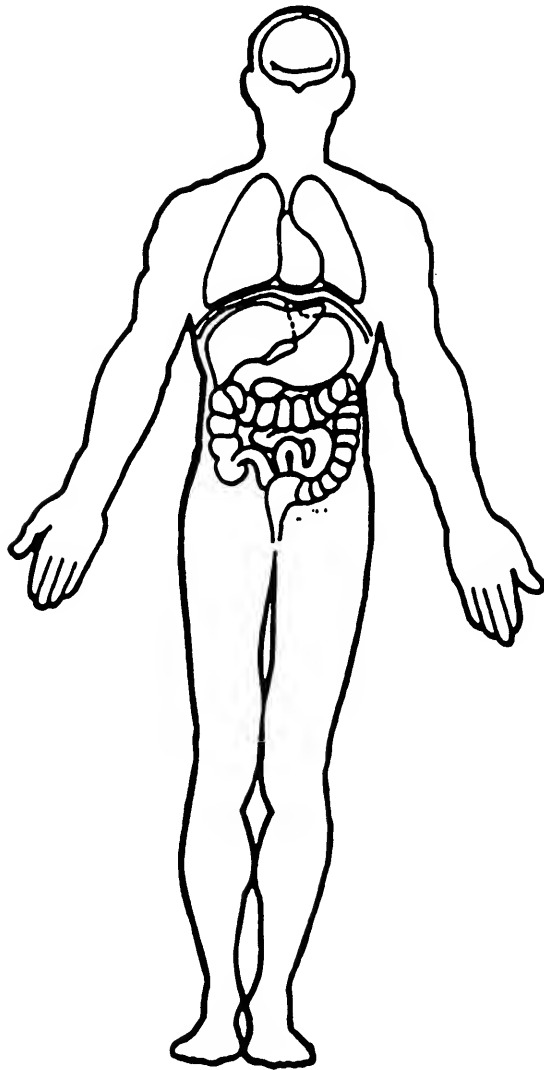
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
D6	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9621
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 183
Code actual height to the nearest
centimeter.
(999) Unknown

72 inches X 2.54 = 183 centimeters
8. Occupant's Weight 070
Code actual weight to the nearest
kilogram.
(999) Unknown

155 pounds X .4536 = 70 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 14
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): in between seats
(15) On or in the lap of another occupant Kneeling on floor
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 8
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): Kneeling between seats on floor
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

(00) None used, not available, or belt removed/destroyed

(01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

(0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

(0) No manual belt used or not available

(1) No manual belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

(0) No manual shoulder belt

(1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

(2) In full up position

(3) In mid position

(4) In full down position

(5) Position unknown

(9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

24. Automatic (Passive) Belt System Use 0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown

(9) Unknown

25. Automatic (Passive) Belt System Type 0

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**28. Police Reported Belt Use**

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):
☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION**30. Frontal Air Bag System**

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available

- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure?

(This Occupant Position)

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify):

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

+
- 000

- (_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_ 996) Deployment, unknown longitudinal Delta V
(_ 997) Not deployed
(_ 998) Unknown if deployed
(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

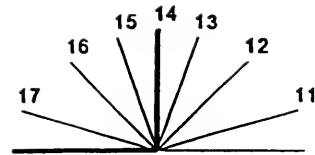
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 00
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 0
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 0
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 00

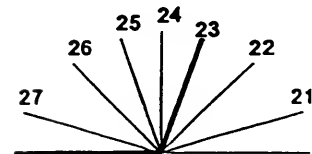
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

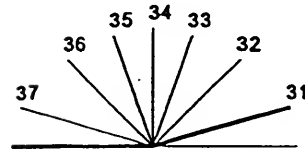
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 0

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

4 DAYS
High School**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant08

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score**15

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE ENCLOSED PASSENGER IN FRONT IN CENTER



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>02</u>

INJURY DATA													
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.													
A.I.S. - 90													
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
Fractured No 1st	5. <u>3</u>	6. <u>2</u>	7. <u>5</u>	8. <u>10</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>011</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>		
Avulsed 2nd incisor	16. <u>3</u>	17. <u>2</u>	18. <u>5</u>	19. <u>14</u>	20. <u>06</u>	21. <u>1</u>	22. <u>8</u>	23. <u>011</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>		
Dislocated upper tooth	27. <u>7</u>	28. <u>2</u>	29. <u>5</u>	30. <u>14</u>	31. <u>02</u>	32. <u>1</u>	33. <u>8</u>	34. <u>011</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>		
Abrasion nose	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>4</u>	45. <u>011</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>		
Lacerations face	49. <u>6</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>00</u>	54. <u>1</u>	55. <u>9</u>	56. <u>011</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>		
Abrasion 6th incisor	60. <u>3</u>	61. <u>7</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>180</u>	68. <u>3</u>	69. <u>1</u>	70. <u>00</u>		
Abrasions both knees	71. <u>3</u>	72. <u>8</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>3</u>	77. <u>1</u>	78. <u>011</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>		
Contusions both knees	82. <u>7</u>	83. <u>8</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>3</u>	88. <u>1</u>	89. <u>011</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>		
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>		
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>		

I.S. - 90

	A.I.S. - 90										
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	—	—	—	— —	— —	—	—	— — —	—	—	— —
12th	—	—	—	— —	— —	—	—	— — —	—	—	— —
13th	—	—	—	— —	— —	—	—	— — —	—	—	— —
14th	—	—	—	— —	— —	—	—	— — —	—	—	— —
15th	—	—	—	— —	— —	—	—	— — —	—	—	— —
16th	—	—	—	— —	— —	—	—	— — —	—	—	— —
17th	—	—	—	— —	— —	—	—	— — —	—	—	— —
18th	—	—	—	— —	— —	—	—	— — —	—	—	— —
19th	—	—	—	— —	— —	—	—	— — —	—	—	— —
20th	—	—	—	— —	— —	—	—	— — —	—	—	— —
21st	—	—	—	— —	— —	—	—	— — —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— — —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— — —	—	—	— —
24th	—	—	—	— —	— —	—	—	— — —	—	—	— —
25th	—	—	—	— —	— —	—	—	— — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration	(1) Minor Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(2) Moderate Injury	
(5) Skeletal (includes joints)	(10) Amputation	(3) Serious Injury	
(6) Head - LOC	(20) Burn	(4) Severe Injury	
(9) Skin	(30) Crush	(5) Critical Injury	
	(40) Degloving	(6) Maximum (untreatable)	
	(50) Injury - NFS	(7) Injured, unknown severity	
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

16 year-old male (ET, ER)

BEST AVAILABLE

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

⊕ bilateral
air bag deployment
(ET, NW)

• Passenger in the back seat (ER, NW)
non-restrained

Hit dashboard (ER, NW)

Restrained?

☒ No (ER, NW)
☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15
(ET, ER)

Units of Blood
Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• 2-3 lacerations around face (ET)

• Edema to nose
with crepitus
noted + dried
blood
(ET)

c/o nose pain
(ER)

Abrasion nose (NW)

c/o pain lips, nose, +
upper gum (ET)

• Dried blood both
nares (NW)

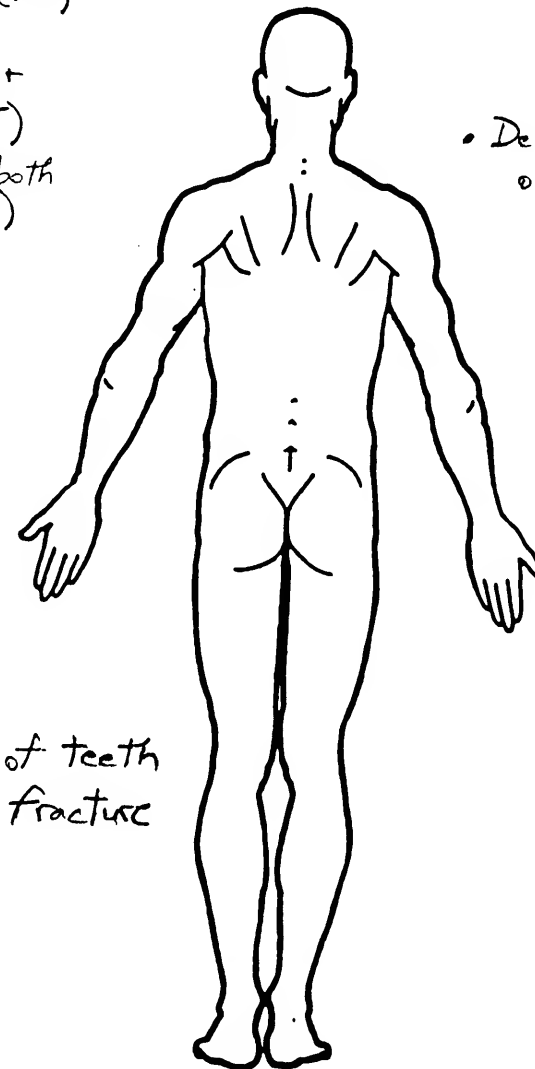
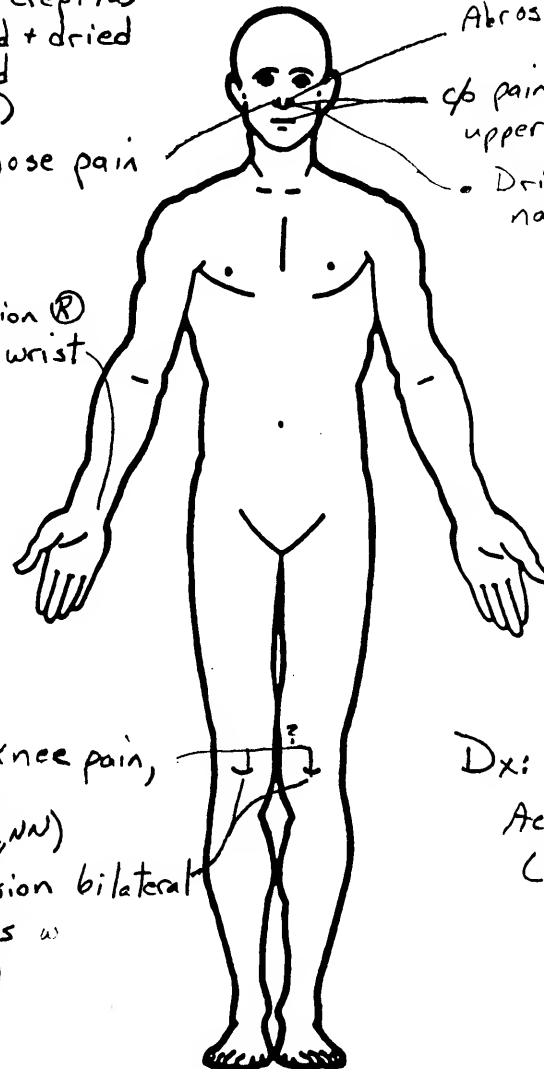
Abrasion @
inner wrist
(NW)

• Denies neck
or back pain
(ER)

c/o knee pain,
NFS
(ER, NW)

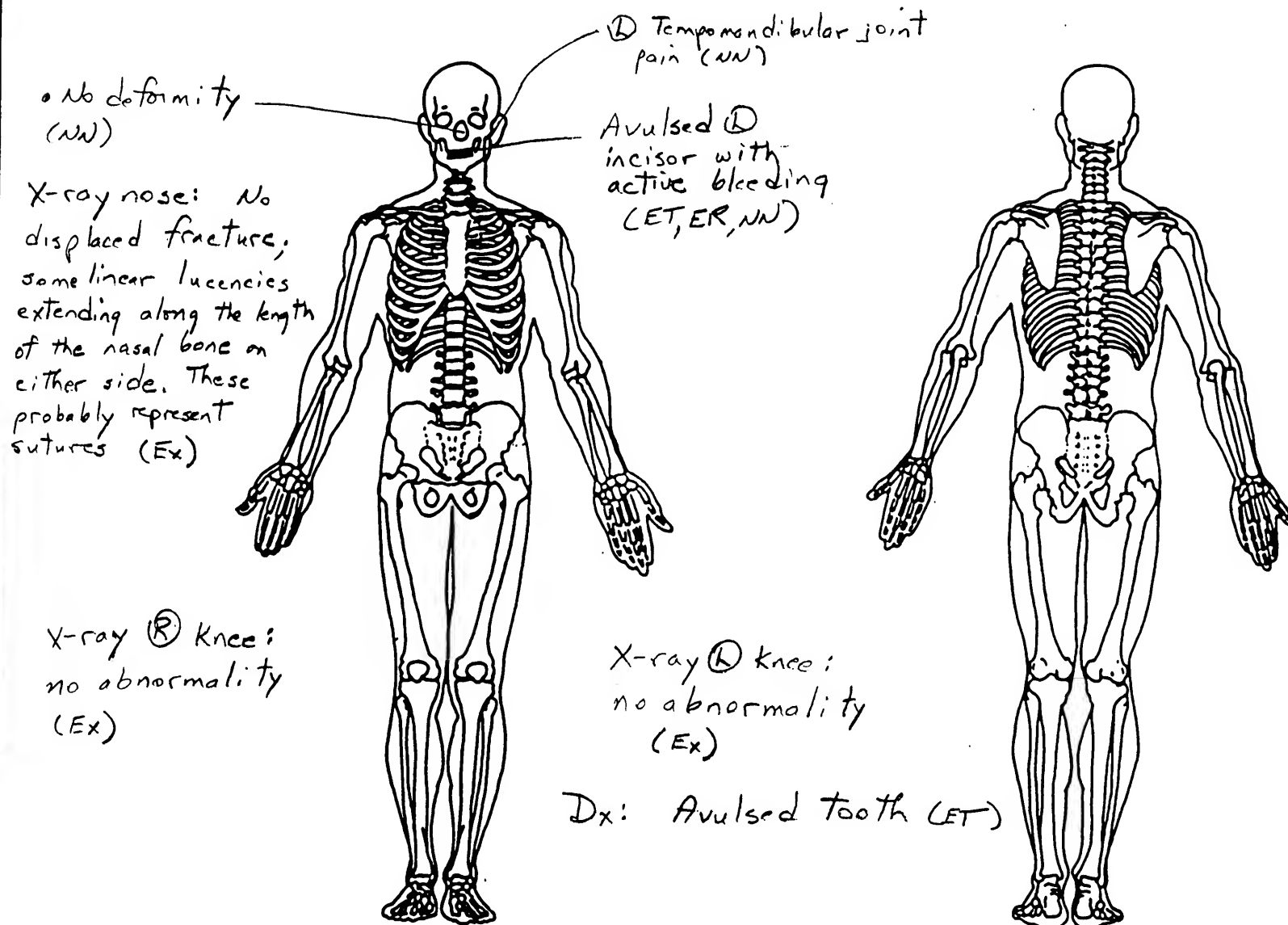
• Abrasion bilateral
knees w/
(NW)

Dx: Avulsion of teeth
Acute nasal fracture
(ER)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

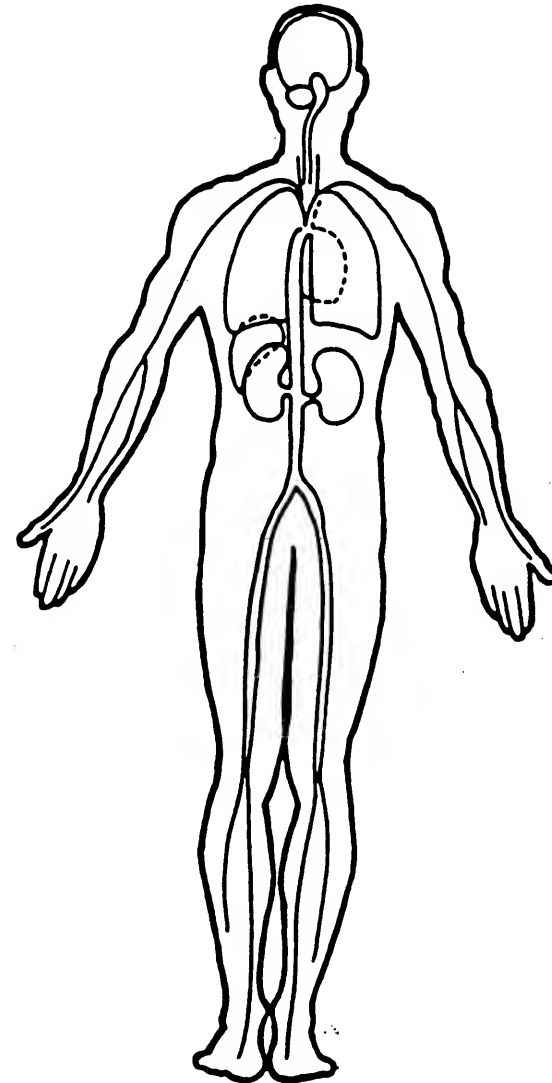
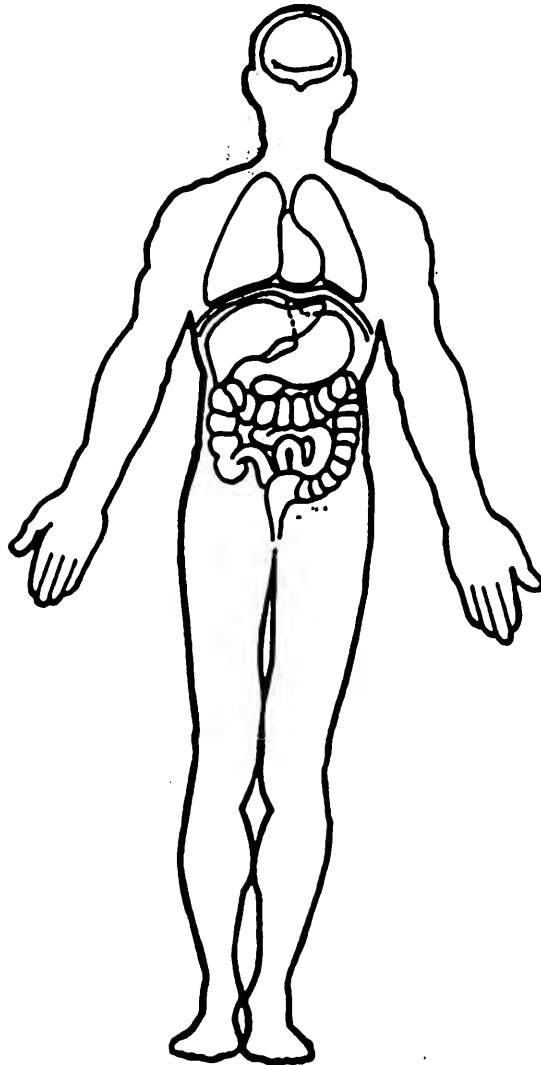
OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Ambulatory
on scene
(ET, NN)

• No LOC
(ER, NN)

• No knowledge of event (ET)



CAUSE OF DEATH

ICD-9-CM

719.46 Pain in lower leg joint
 802.0 Fracture nose, closed
 873.63 Avulsed tooth, no complications
 959.7 other injury to knee, leg, ankle, or foot
 (FS)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

BEST AVAILABLE

P A T I E N T	PATIENT ID NO	CLASS	TYPE	REGISTRATION DATE	REGISTRATION TIME	ADMIT TYPE	ADMIT SOURCE	ADMIT STATUS	INPEC CODE	CONFID INFO	SMOKE	STAT	ASAP	NON-URGEN
	10TH 0E			1996 00:50			7	EME		1	N	EME		
	OBSERVATION DATE/TIME				PATIENT EMPLOYER				EMPLOYER PHONE					
	MARRIAGE NO				MARRIAGE STATUS				RELATION					
	1979 016				M				1					
	NO PREFERENCE													

D I A G	C70 MVC INJURY	PREVIOUS VISIT	TYPE	ARRIVAL	TRANSPORT	REFERRING FACILITY

ADMITTING DIAGNOSIS	OTHER PHYSICIANS
PRE-OPERATIVE OR ADMITTING DIAGNOSIS	DISEASE CODES
PRINCIPAL DIAGNOSIS (THE CONDITION ESTABLISHED AFTER STUDY TO BE CHIEFLY RESPONSIBLE FOR THE PATIENT'S ADMISSION)	802.0
	873.63
	959.7
	719.46
SECONDARY DIAGNOSIS	
COMPLICATIONS	OPERATION CODES
OPERATIONS	
CAUSE OF DEATH	

I CERTIFY THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

DISCHARGE DATE	SIGNATURE OF ATTENDING PHYSICIAN/PHYSICIANS	TELEPHONE PERMISSION BY
		RELATION
		WITNESS
		WITNESS

CONSENT FOR TREATMENT SIGNED
INT

MEDICAL RECORDS

EMERGENCY PHYSICIAN RECORD

NAME: _____ AGE: 16 PID: _____ DATE: 9/6
 CHIEF COMPLAINT: nose pain and knee pain TIME SEEN: 1:23 DISP TIME: _____

HISTORY OF PRESENT ILLNESS (LOCATION, QUALITY, SEVERITY, TIMING, CONTEXT, MODIFYING FACTORS, ASSOC. SIGNS/SX)

16 y/o Male was involved in an MVA. Pt was a passenger in the back seat, non-restrained, whose car hit an embankment after hitting a tree to face. Pt c/o pain to nose. Pt states he hit dashboard but had NO LOC. Pt also c/o knee pain. Pt denies neck pain, back pain.

REVIEW OF SYSTEMS - If checked, System reviewed

☒ Reviewed RN / EMT Notes

☐ CONSTITUTIONAL: (Fever, Chills, Weight Δ's)

☒ HEAD: (Headache, Trauma)

☐ EYES: (Vision Δ's, Discharge)

☐ ENT: (Earache, Hearing Δ's, Congestion, Sore throat, Rhinorrhea, Epistaxis)

☒ CARDIOVASC: (Chest pain, Angina, Edema)

☐ RESP: (SOB, Cough, Wheezing, Sputum, Hemoptysis)

☒ GI: (Abd pain, Nausea, Vomiting, Diarrhea, Constipation)

☐ GU: (Frequency, Urgency, Dysuria, Hematuria, Discharge)

☐ LMP: _____ GRAV: _____ PARA: _____ AB: _____

☒ MS: (Myalgia, Arthralgia) nose and knee pain
☐ SKIN: (Rash, Hives, Lesions)

☒ NEURO: (Weakness, Numbness, Cuzziness, Seizures) no LOC
☐ PSYCH: (Depression, Anxiety, Hallucinations)

☐ HEME: (Bleeding, Anemia, Clotting problems)

☒ ALLERGIES: NISIT

PMHX: HTN 0 HEART 0 LUNG 0 DM 0 OTHER _____

FMHX: _____

SHX: TOBACCO _____ ETOH _____ DRUG ABUSE _____ OTHER _____

PEx: Gen: alleged ex 1 BP 172/100 P 100 RR 18 T 99.5

H/E/ENT: 16 y/o M upper central incisor Avulsion upper teeth deformed

NECK: absolutely no trauma

CHEST: clear nt CTA Normal

HEART: 172/100 RRR

ABD: normal with G.R.K. ? BS with

EXT: mild knee tenderness

mild lower extremities

relief toally

PEL/GEN: _____

BACK: _____

NEURO: normal

SKIN: _____

MEDICAL DECISION MAKING

DDX: fx vs contusion

INVESTIGATIONS: ☐ Medical Record Reviewed (Date _____)

1.) CBC

2.) SMAC

3.) EKG

4.) Pulse OX

5.) ABG

6.) BHCG pos or neg, quant

7.) UA

ORDERS/ MDM continued

☐ See Trauma orders

Old Records

CBC

SMAC

CV29

PT/PTT

BHCG

EKG

CXR

CT

CK MB STAT

OXIMETER

ABG

KUB / UP ABD

STD

IV

bl. & red knees

nasal bones

upper central incisor

teeth deformed

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7) X-Rays Facial + x

8) _____

DIAGNOSIS: ① Avulsion of Tooth O/C
② to Acute Nasal Fracture (0)
 1
 2
 DR SIGNATURE (T. H.) 3

DISCHARGE CONDITION: ☒ GOOD ☐ FAIR ☐ POOR ☐ SERIOUSDISPOSITION: ☒ HOME ☐ ADMIT ☐ SURG ☐ OBS ☐ DOA ☐ DED ☐ OTHERAMA: ☐ NO TX/NO EXAM ☐ NO TX/EXAM ☐ TX/EXAM ☐ ADMIT TO ROOM

PHYSICIAN RECORD ASSISTANT _____

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DISCHARGE INSTRUCTIONS

2:15 Discussed Dx, Tx, Rx, F/U, etc with Ptflw to ENT in 1-2 weeksRef. per

EMERGENCY DEPARTMENT NURSING RECORD

BEST AVAILABLE

Date: <u>1/16/10</u> Age: <u>16</u> Ht. <u>5'11"</u> Wt. <u>160</u>		CURRENT MEDICATIONS		PAST MEDICAL HISTORY		TRIAGE CATEGORY	
Name: <u>[Redacted]</u>		<u>Ø</u>		<u>Ø</u>		Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent <input type="checkbox"/>	
Primary Dr. <u>Ø</u>		Current Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Tetanus <u>10/10</u>		Arrives: Ambulatory <input type="checkbox"/> Pvt. Car <input type="checkbox"/> W/C <input type="checkbox"/> Stretcher <input checked="" type="checkbox"/> EMS <u>MedStar</u>	
Dr. Called <input type="checkbox"/> Called <input type="checkbox"/> Replied <input type="checkbox"/> Arrived <input type="checkbox"/>		Tubal <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Hyst. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G P AB BCP <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		LMP: <u>02/10</u> <u>17/10</u> <u>100</u> <u>18</u> <u>215</u> <u>02/10</u> <u>18/10</u> <u>100</u> <u>18</u>		Triage: <u>0040 MVC - Passenger</u> <u>back of van. Use seatbelt</u> <u>PLC. Pt went forward</u> <u>hit dash. Both airbags</u> HX/ASSESS/NOTES: <u>depleted. Amb</u> <u>c scene. Vehicle hits an</u> <u>embankment @ moderate</u> <u>rate of speed. On</u> <u>arrival - Pt A.G. verbal</u> <u>appropriate. Resp unlabored</u> <u>large clear. equal. Abt.</u> <u>pt. nrtender. Hand</u> <u>glap equal. strong.</u> <u>Rural abrasion to R inner</u> <u>wrist, Bilat knees &</u> <u>pain. Abrasion. Uniformity</u> <u>Nose & dried blood bilat</u> <u>noses @ swelling. Dist</u> <u>both cut. Tpt in saline</u> <u>by EMS. OTH Spain.</u> <u>DERPL. 11 call</u> <u>Lighter off backboard &</u> <u>Spine maintained (R)</u> <u>030 C-collar removed by Dr.</u>	
Trauma Score: O/A 1 Hr Time: <u>02:10</u> GLASCOW COMA SCALE Eye Opening: <u>4</u> Verbal Response: <u>5</u> Motor Response: <u>6</u> TOTAL: <u>15</u>		INTAKE IV P/A: <u>cc</u> N in ER: <u>cc</u> Blood: <u>cc</u> P/O: <u>cc</u> Other: <u>cc</u> Total: <u>cc</u> OUTPUT Urine: <u>cc</u> NG: <u>cc</u> Chest tube (R): <u>cc</u> (L): <u>cc</u> Ext Bilal: <u>cc</u> Other: <u>cc</u> Total: <u>cc</u> Patient/Family Update		NURSING ASSESSMENT Neuro/Sensory: <u>✓</u> Alert: <u>✓</u> Oriented: <u>✓</u> Conscious: <u>✓</u> No LOC: <u>✓</u> PEARL: <u>✓</u> Normal Sensation: <u>✓</u> No Pain: <u>✓</u> NAD: <u>✓</u> Respiratory: <u>✓</u> Basal sounds: <u>✓</u> No adventitious sounds: <u>✓</u> Regular Rhythm: <u>✓</u> Normal effort: <u>✓</u> No cough: <u>✓</u> Trachea midline: <u>✓</u> Oxygen: <u>✓</u> Cardiovascular: <u>✓</u> Peripheral pulses: <u>✓</u> No JVD: <u>✓</u> No rales: <u>✓</u> No edema: <u>✓</u> GI: <u>✓</u> Add soft B.D: <u>✓</u> BS present: <u>✓</u> Normal BM: <u>✓</u> No nausea/vomiting: <u>✓</u> Renal/Urinary: <u>✓</u> No dysuria: <u>✓</u> No hematuria: <u>✓</u> No discharge: <u>✓</u> Musculoskeletal: <u>✓</u> MMS well: <u>✓</u> Pains intact: <u>✓</u> Quality of Pain: <u>✓</u> No gross deformity: <u>✓</u> Skin: <u>✓</u> No edema: <u>✓</u> Color good: <u>✓</u> Warm & Dry: <u>✓</u> Intact: <u>✓</u> Psych/Social: <u>✓</u> Suspicious of Abuse: <u>✓</u> Possible Substance Abuse: <u>✓</u> Support System: <u>✓</u> Safety: <u>✓</u> Bed Team: <u>✓</u>			
DISCHARGE NOTE: Released from ED: <u>Ø</u> Walking: <input type="checkbox"/> Carried: <input type="checkbox"/> Stretcher: <input type="checkbox"/> Wheelchair: <input type="checkbox"/> Condition: <input type="checkbox"/> Improved: <input type="checkbox"/> Unchanged: <input type="checkbox"/> See Notes: <input type="checkbox"/> ID-PI or Responsible party understands of aftercare instructions: <input type="checkbox"/>		ADMITTED: Transferred to: <u>Ø</u> By: <input type="checkbox"/> Mask <input type="checkbox"/> N/C <input type="checkbox"/> Improved <input type="checkbox"/> IV/N/S Infusing: <input type="checkbox"/> See Notes: <input type="checkbox"/> Cardiac Monitor: <input type="checkbox"/> Oximeter: <input type="checkbox"/> A/CLS Drugs: <input type="checkbox"/> Transported By: <input type="checkbox"/> Stretcher <input type="checkbox"/> (U) Note: <u>[Redacted]</u>		Medication/IV Sol/Bid Gauge: <u>0250 Ketorolac 75mg po</u> Site: <u>Ø</u> Response: <u>Ø</u> Ordered By: <u>Ø</u> Given By: <u>Ø</u>			
Admitting Dr. <u>Ø</u> Room # <u>Ø</u> Report Called to: <u>Ø</u> RN <u>Ø</u> Discharge RN Signature: <u>Ø</u>		VALUABLES PATIENT: <input type="checkbox"/> FAMILY: <input type="checkbox"/> SAFE: <input type="checkbox"/> N/A: <input type="checkbox"/> COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		ALLERGIES: <input type="checkbox"/> NKA <input type="checkbox"/> ID Band <u>NKDA</u>			

Health System

ENTRITY: ☐ HNSW ☐ HEB ☐ HMF ☐ HNEC ☐ HNGH ☐ HNRW ☐ HALLS ☐

BEST AVAILABLE

[illegible]

Health System

ENTTY: HNSW ☐ HES ☐ HMFV ☐ HMEC ☐
HMOA ☐ HBNV ☐ VALLS ☐

FORM #00-7700-054
STOCK #0006-0000

IMPRINT AREA

pg 2.

SECRET

BEST AVAILABLE

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 12/15/96

1996 FILE NO:

DR. NO:

DR.

016 YR(S)

EXAM:

KNEE 3 VIEWS

RIG

EXAM DONE:

96

CLINICAL HISTORY: Injury/MVA.

Three views of the right knee demonstrate no fracture, dislocation, or other osseous abnormality.

M.D.

FC:N

C :D

TG:ico

HRAUICO

TRANS:

96 1210

JOB:

PA 12/15/96

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DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 12:16:24 ON

1996 FILE NO:

HDR NO :

DR.

MALE 016 YR(S)

ROOM: ER

EXAM:

KNEE 3 VIEWS

-LEF

EXAM DONE:

96

CLINICAL HISTORY: MVA with injury.

Three views of the left knee demonstrate no fracture, dislocation, or other osseous abnormality.

M.D.

FC:N

C :D

TG:ico

HRAUICO

TRANS:

JOB:

-96 1211

PAGE 1

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BEST AVAILABLE

DEPT OF RADIOLOGY

ACCT NO: _____ EXAM TYPED: 12:48:59 ON _____ 1996 FILE NO _____

YOUNG _____ MALE 016 YR(S)
MDR NO: _____ ROOM: ER

EXAM: _____ NOSE EXAM DONE: 96

CLINICAL HISTORY: Injury.

Three views of the nasal bones demonstrate some linear lucencies extending along the length of the nasal bone on either side. These probably represent sutures. No displaced fracture is seen.

CONCLUSION:

No displaced nasal fracture is seen.

M.D.

FC:N
C :D
TG:hls
HRAUHLS
TRANS: 96 1244
JOB: _____

PAGE 1

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NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9621

3. Vehicle Number 01

4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 14

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 160

Code actual height to the nearest centimeter.

(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight 043

Code actual weight to the nearest kilogram.

(999) Unknown

95 pounds X .4536 = 43 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

2

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 2

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

- Availability/Function
(This Occupant Position)
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment 1
(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System 1
Failure?
(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 03

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 024

- (000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(996) Deployment, unknown longitudinal Delta V
(997) Not deployed
(998) Unknown if deployed
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
One
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
Two
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

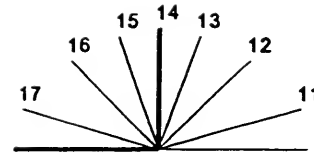
49. Head Restraint Type/Damage by Occupant at This Occupant Position 4
by 07
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 16

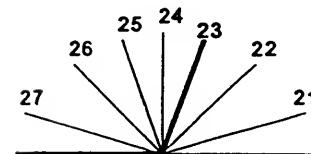
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

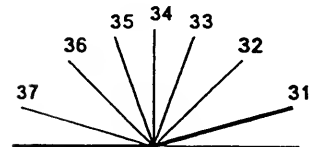
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 7

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): 4 + 5
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 31

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER***To Rehab**Admitted*

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 09

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 2

- (1) No - blood not given
(2) Yes - blood given
(specify units): 4 units
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 23

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>03</u>

INJURY DATA													
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.													
A.I.S. - 90													
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number			
Incomplete Cord Syndrome with Ext dislocation	5. <u>2</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>18</u>	10. <u>4</u>	11. <u>6</u>	12. <u>160</u>	13. <u>1</u>	14. <u>2</u>	15. <u>00</u>		
Laceration distal 2nd duodenum	16. <u>2</u>	17. <u>5</u>	18. <u>4</u>	19. <u>10</u>	20. <u>24</u>	21. <u>4</u>	22. <u>7</u>	23. <u>152</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>		
Laceration proximal 3rd jejunum	27. <u>2</u>	28. <u>5</u>	29. <u>4</u>	30. <u>14</u>	31. <u>24</u>	32. <u>3</u>	33. <u>8</u>	34. <u>152</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>		
Abrasion across 4th chest	38. <u>3</u>	39. <u>4</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>4</u>	45. <u>152</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>		
Contusion across 5th chest	49. <u>2</u>	50. <u>4</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>4</u>	56. <u>152</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>		
Abrasion across 6th abdomen	60. <u>3</u>	61. <u>5</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>8</u>	67. <u>152</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>		
Contusion across 7th abdomen	71. <u>2</u>	72. <u>5</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>8</u>	78. <u>152</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>		
Abrasion 8th clavicle	82. <u>2</u>	83. <u>7</u>	84. <u>9</u>	85. <u>02</u>	86. <u>02</u>	87. <u>1</u>	88. <u>1</u>	89. <u>162</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>		
Abrasion 9th wrist	93. <u>3</u>	94. <u>7</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>1</u>	100. <u>102</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>		
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>		

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury						A.I.S. Severity
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation	(1) Minor Injury	
(6) Head - LOC	(20) Burn	(2) Moderate Injury	
(9) Skin	(30) Crush	(3) Serious Injury	
	(40) Degloving	(4) Severe Injury	
	(50) Injury - NFS	(5) Critical Injury	
	(90) Trauma, other than mechanical	(6) Maximum (untreatable)	
	<u>Head - LOC</u>	(7) Injured, unknown severity	
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Hit on air
bag
(CN)

Restrained?

— No

✓ Yes

(ET, ER, DS, CN)

Blood Alcohol Level
(mg/dl) ⊖ (ER)

BAL = < 10
(Laboratory)

Glasgow Coma
Scale Score

GCSS = 15
(ER, TF, OSZ)

Units of Blood
Given

Units = 4

Arterial Blood Gases

pH = 7.47

PO₂ = 174

PCO₂ = 31.3

HCO₃ = 22.8

9/6 @ 16:35

Lowest — 22

ABGs were
reported — SCI

• Front seat restrained passenger (ET, ER, DS, CN)

• Front seat passenger (OSZ)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• c/o total body pain (NN)

• c/o pain wherever she is touched (NN)

• Seat belt marking
(DS)

• Small abraded area
noted ⊙ side of
neck/clavicular
area (NN, DS)

• c/o chest pain
(ER, DS)

• c/o abdomen
pain, diffuse
tender-
ness
(ER, NN, DS)

• Contusions at lower
abdominal wall above
anterior iliac crest
in a linear fashion
consistent with her
seat belt
(DS)

Seat belt marking across
chest with ecchymosis
(DS)

Abrasions to
chest + abdomen
along seat belt line
(TF, NN)

Abrasion to
⊙ waist +
across lower
abdomen
(ET)

• c/o tingling to
arms + legs (ET)

• c/o numbness
to legs
(ER, DS)

• Seat belt mark across anterior
abdomen (OSZ)

Dx: Abdomen injury (ER)

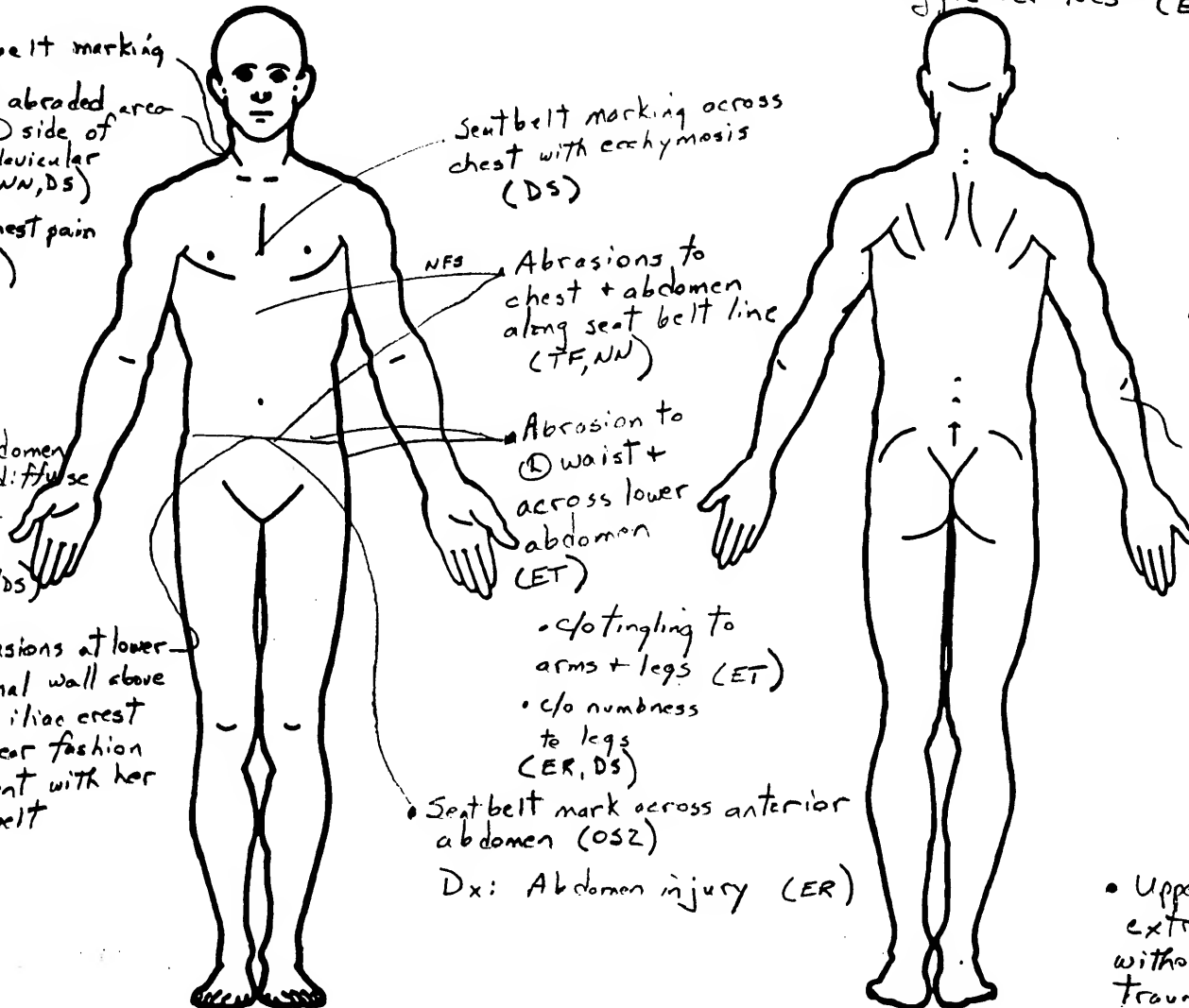
• Removed from Van by someone
in Van (ET)

• Lifted arms so chest straps could
be applied. However, she could not
wriggle her toes (ET)

• c/o back and
arm pain
(ER, DS)

Abrasion ⊙
elbow (NN)

• Upper + lower
extremities intact
without obvious
trauma (ET)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Increased markings suspicious for mild pulmonary edema (PX33)

- Opacification of (R) maxillary sinus + mild mucosal thickening in the ethmoid air cells (EX1)

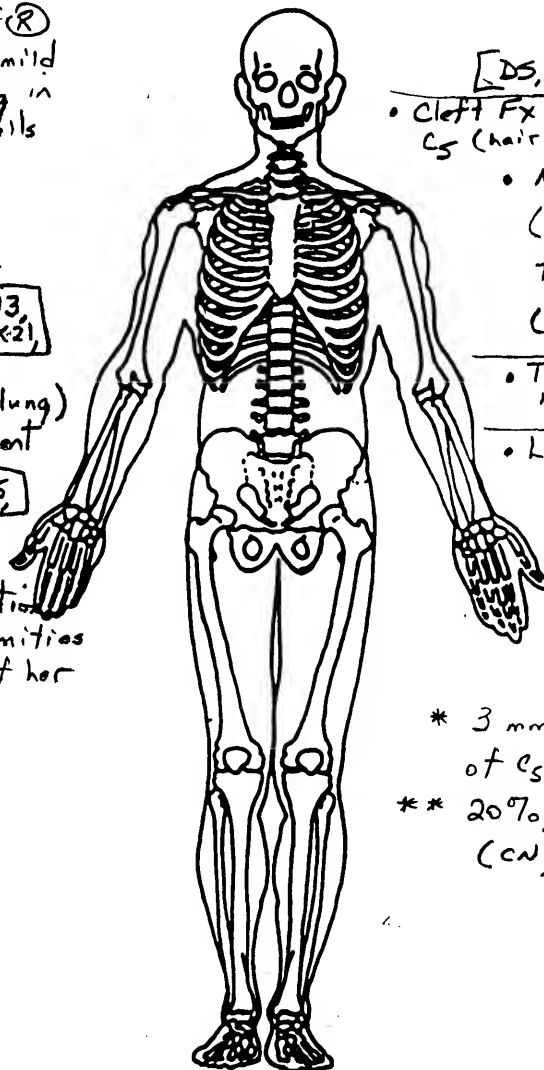
- Chest: negative

[EX7, EX9, PX6, PX13, PX14, PX16, PX18 - PX21, PX23, PX34]

- Diffuse bilateral (lung) infiltrates are present

[PX9, PX10, PX12, PX25, PX26, PX28]

- Lack of motor function of her lower extremities + minimal function of her upper extremities (OS2)



- C5-C6 Dislocation* with mild C6 compression** fx

[DS, CW, OS1, OS6, PX7, PX11]

- Cleft Fx through body of C5 (hair line) [CW]

- Neurologic deficit (paraplegic) secondary to C5-C6 dislocation (DS, OS2, OS3)

- Thoracic spine: negative (EX5)

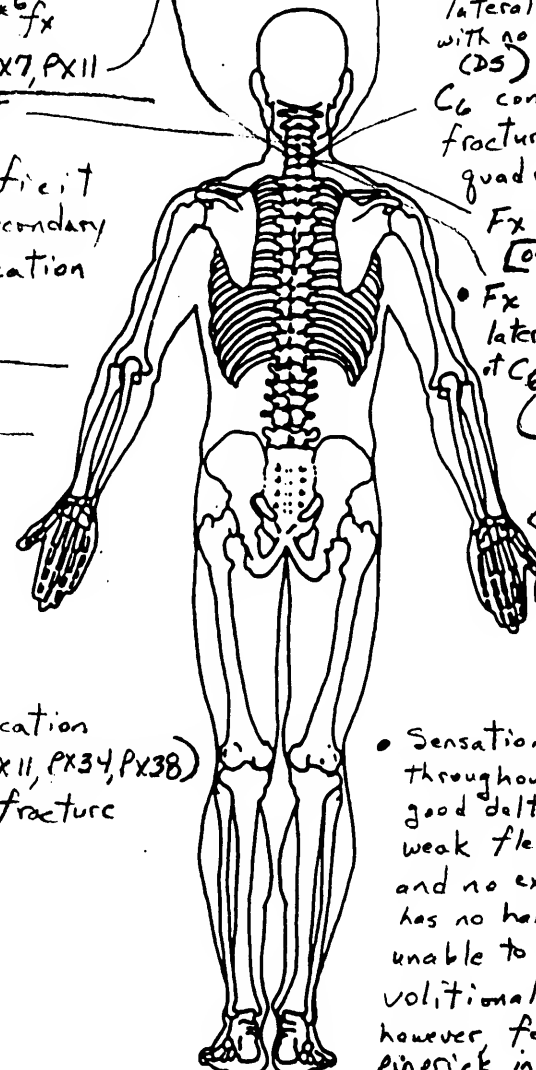
- Lumbar spine: negative (EX4)

- Pelvis: negative (EX6)

* 3 mm forward dislocation

of C5 on C6 (CW, PX11, PX34, PX38)

** 20% compression fracture (CW)



- Compression Fx @ C6 involving body + lateral mass on right with no cord compromise (DS)

- C6 compression** fracture with quadriplegia (ER)

Fx C6 vertebral body [OS2, OS3, EX3, PX11]

- Fx through the lateral mass/lamina of C6 on right (CW, EX3, PX7, PX11)

[PX2, PX3, PX4, PX5]

- Sensation to pinprick throughout. She has good deltoid strength, weak flexion bilaterally and no extension. She has no hand grip. She is unable to move her legs volitionally. She does, however, feel sensation to pinprick in both lower extremities and does have some proprioception to motion in her lower extremities. She has moderately weak rectal tone (CW)

Transferred to Rehabilitation on 10/3
(9/2 to 10/3)

INJURY SOURCES

FRONT		
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side
(004) Steering wheel rim	(105) Other right pillar (specify):	(186) Air bag compartment cover-passenger side and eyewear
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify)
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify):	(195) Other air bag compartment cover (specify)
(010) Left instrument panel and below		
(011) Center instrument panel and below	INTERIOR	
(012) Right instrument panel and below	(151) Seat, back support	
(013) Glove compartment door	(152) Belt restraint webbing/buckle	
(014) Knee bolster	(153) Belt restraint B-pillar or door frame attachment point	
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(154) Other restraint system component (specify):	
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(155) Head restraint system	
(017) Windshield reinforced by exterior object (specify)	(160) Other occupants (specify): <i>Right Rear</i>	
(019) Other front object (specify):	(161) Interior loose objects	
	(162) Child safety seat (specify):	
	(163) Other interior object (specify):	
	AIR BAG	
	(170) Air bag-driver side	
	(171) Air bag-driver side and eyewear	
	(172) Air bag-driver side and jewelry	
	(173) Air bag-driver side and object held	
	(174) Air bag-driver side and object in mouth	
	(175) Air bag compartment cover-driver side	
	(176) Air bag compartment cover-driver side and eyewear	
	(177) Air bag compartment cover-driver side and jewelry	
	(178) Air bag compartment cover-driver side and object held	
	(179) Air bag compartment cover-driver side and object in mouth	
	(180) Air bag-passenger side	
	(181) Air bag-passenger side and eyewear	
	(182) Air bag-passenger side and jewelry	
LEFT SIDE		
(051) Left side interior surface, excluding hardware or armrests		
(052) Left side hardware or armrest		
(053) Left A (A1/A2)-pillar		
(054) Left B-pillar		
(055) Other left pillar (specify):		
(056) Left side window glass		
(057) Left side window frame		
(058) Left side window sill		
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.		
(060) Other left side object (specify):		
RIGHT SIDE		
(101) Right side interior surface, excluding hardware or armrests		
	ROOF	
	(201) Front header	
	(202) Rear header	
	(203) Roof left side rail	
	(204) Roof right side rail	
	(205) Roof or convertible top	
	FLOOR	
	(251) Floor (including toe pan)	
	(252) Floor or console mounted transmission lever, including console	
	(253) Parking brake handle	
	(254) Foot controls including parking brake	
	REAR	
	(301) Backlight (rear window)	
	(302) Backlight storage rack, door, etc.	
	(303) Other rear object (specify):	
	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	
	(401) Hand controls for braking/acceleration	
	(402) Steering control devices (attached to OEM steering wheel)	
	(403) Steering knob attached to steering wheel	
	(405) Replacement steering wheel (i.e., reduced diameter)	
	(406) Joy stick steering controls	
	(407) Wheelchair tie-downs	
	(408) Modification to seat belts, (specify):	
	(409) Additional or relocated switches, (specify):	
	(410) Raised roof	
	(411) Wall mounted head rest (used behind wheel chair)	
	(412) Other adaptive device (specify):	
	EXTERIOR of OCCUPANT'S VEHICLE	
	(451) Hood	
	(452) Outside hardware (e.g., outside mirror, antenna)	
	(453) Other exterior surface or tires (specify):	
	(454) Unknown exterior objects	
	EXTERIOR OF OTHER MOTOR VEHICLE	
	(501) Front bumper	
	(502) Hood edge	
	(503) Other front of vehicle (specify):	
	(504) Hood	
	(505) Hood ornament	
	(506) Windshield, roof rail, A-pillar	
	(507) Side surface	
	(508) Side mirrors	
	(509) Other side protrusions (specify):	
	(510) Rear surface	
	(511) Undercarriage	
	(512) Tires and wheels	
	(513) Other exterior of other motor vehicle (specify):	
	(514) Unknown exterior of other motor vehicle	
	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT	
	(551) Ground	
	(598) Other vehicle or object (specify):	
	(599) Unknown vehicle or object	
	NONCONTACT INJURY	
	(601) Fire in vehicle	
	(602) Flying glass	
	(603) Other noncontact injury source (specify):	
	(604) Air bag exhaust gases	
	(697) Injured, unknown source	

OFFICIAL INJURY DATA —INTERNAL INJURIES

- Two sections of small bowel (12 cm + 5 cm) were removed + examined, both demonstrated perforation (PR)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Alert, oriented x 3 (ER)

- No LOC (DS)

- PT may have passed out (ET)
- Denies LOC (ER, NW)

- No evidence of acute intracranial pathology (Ex1)

- Swelling of spinal cord between lower C5 and upper C7 levels + probable hemorrhagic contusion (PX7)

Cystogram: negative (EX8)

- Unable to move her legs (DS, W)
- Thought initially to have sensation (LE) intact but unable to move extremities, she has had questionable movement to stimulation. Sensation to the pelvis + has some rectal tone. Absent reflexes (DS)

- Small intestine healing [PX22, PX24, PX29, PX31, PX35, PX39]

- Ruptured distal duodenum + proximal jejunum (DS, OS2, OS3, OS4, OS5)

- Ruptured proximal jejunum with significant peritonitis (DS, OS2)

- 1.5-2.0 cm perforation of anterior, distal duodenum and proximal jejunum near ligament of Treitz (OS2)

- Small amount of fluid in (L) perinephric space + pericolic gutter + pelvis (DS, OS2, EX2, PX8)

- Perforation of posterior, distal duodenum as well (OS2)

Dx: Intracranial bleed (ER)
[Not supported - SCI]

- C/o severe nausea + vomited (NW, OS2)

- 0830 • Able to identify Dr moving @ great toe (NW)

- 0740 • Able to move both UE with good sensation (NW)

- 0655 • Arousable to verbal stimuli; movement both UE, no movement both LE (NW)

- 0525 • Still cannot move legs, but sensory remains intact (NW)

- 0240 • Remains neuro intact still has sensation to lower @ extremity, but no voluntary movement (NW)

- 0140 • Remains neuro intact to sensory, but still states she cannot move her legs (NW)

- 0048 • States she cannot move her legs, but moves them to stimuli; has sensation to all extremities (NW)

CAUSE OF DEATH

ICD-9-CM

805.06 Fracture 6th cervical vertebra without mention of spinal cord injury
 866.01 Kidney hematoma without open wound into cavity or rupture of capsule
 863.29 Other small intestine injury
 863.21 Duodenum injury without open wound into cavity
 922.1 Contusion chest wall
 922.3 Contusion back 344.04 Quadriplegia

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TF Trauma Flow Sheet
 PR Pathology Report

ET

BEST AVAILABLE

003 01 TS 1996 07:34 EME 7 INP N P4F P493P

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1982 014

TARRANT

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MURSEWILLCALL
CORPORATE HEALTH ADMINISTR
PO BOX

AUTO ACCIDENT

1996 23

NATURAL CHILD/

PAUHN4Y

1996

CORPORATION

NO PREFERENCE
FRACTURED C 6 7

AMBULANCE -

Dx 80506

*5672 5686
2629 9222
34404 9221
86601
86329
86321*

Rx 0214

*4562 5411 x3
311 8365 5535
4562 5462 8561
4591 5459 8893
4319 5294 9915
4639 8703*

1996

PR

*(4/83)**

FS

ME: _____ AGE: 14 PID: _____ DATE: 9/6
CHIEF COMPLAINT: chest pain TIME SEEN: 103 DISP TIME: _____
HISTORY OF PRESENT ILLNESS (LOCATION, QUALITY, SEVERITY, TIMING, CONTEXT, MODIFYING FACTORS, ASSOC. SIGNS/SX)
14 y/o female was a front-seat restrained passenger in a van that rolled
over in an embankment. It denies LOC. It c/o chest pain and pain
numbness to legs, back pain, amputee.
Further hx - head on

REVIEW OF SYSTEMS - If checked, System reviewed

Reviewed RN / EMT Notes

- ☐ CONSTITUTIONAL: (Fever, Chills, Weight Δ's)
☐ HEAD: (Headache, Trauma)
☐ EYES: (Vision Δ's, Discharge)
☐ ENT: (Earache, Hearing Δ's, Congestion, Sore throat, Rhinorrhea, Epistaxis)
☒ CARDIOVAS: (Chest pain, Angina, Edema)
☐ RESP: (SOB, Cough, Wheezing, Sputum, Hemoptysis)
☐ GI: (Abd pain, Nausea, Vomiting, Diarrhea, Constipation)
☐ GU: (Frequency, Urgency, Dysuria, Hematuria, Discharge) Urinary incontinence
LMP GRAV PARA AB
☒ MS: (Myalgia, Arthralgia)
☐ SKIN: (Rash, Hives, Lesions)
☒ NEURO: (Weakness, Numbness, Dizziness, Seizures) on legs
☐ PSYCH: (Depression, Anxiety, Hallucinations)
☐ HEME: (Bleeding, Anemia, Clotting problems)
☐ ALLERGIES:

PMHx: HTN 2 HEART 2 LUNG 2 DM 2 OTHER

FMHx:

SHx: TOBACCO ETOH DRUG ABUSE OTHER

PEX: Gen: alert, ox 3 BP 114/70 P 80 RR 20 T

H/EENT: Periorbital edema

NECK: Suprasternal C10 - 70 cm

CHEST: Ctx M CTA NT

HEART: Ictus soft diffusely tender

ABD: soft diffusely tender diffuse

EXT: Full

PEL/GEN: Intact rectal tone pelvis 0

(sensory intact) pelvis 0

BACK: RT NT unable to cooperate 2nd to injury

NEURO: motor - unable to cooperate 2nd to injury vs
fear fear - same as above 2nd to injury vs

SKIN: none

MEDICAL DECISION MAKING

DOX: fx vs contusion, abd injury intercranial bleed

INVESTIGATIONS: ☐ Medical Record Reviewed (Date)1.) CBO 11.1 13.7 381 2.) SMAC 139 101 307
42.3 225 1310.8

3.) EKG

4.) Pulse OX

5.) ABG

6.) BHCG pos or neg, quant

7.) UA

7.) X-Rays

8.) CT head - small amount of blood in lateral ventricle

CT abd - small amount of blood in pericardial space
in (D) posterior parietal and pelvis, small amount of blood in (D)

DIAGNOSIS: 1) C-6 Comp. fracture OIC

2) Quadriplegia 0

3) Quadriplegia 1

4) Quadriplegia 2

5) Quadriplegia 3

DR. SIGNATURE

DISCHARGE CONDITION: ☒ GOOD ☐ FAIR ☐ POOR ☐ SERIOUSDISPOSITION: ☐ HOME ☐ ADMIT ☐ SURG ☐ OBS ☐ DOA ☐ DED ☐ OTHERAMA: ☐ NO TX/NO EXAM ☐ NO TX/EXAM ☐ TX/EXAM ADMIT TO ROOM

PHYSICIAN RECORD ASSISTANT

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ORDERS/MDM continued

☐ See Trauma orders

Old Records

CBC

SMAC

EKG

PT/PTT

FBS

CT

CK/MB/STAT

Ox

ABG

KUB

STD

IV

C-spine

T-spine

L-spine

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

CT - C5/6, 7

Skull x-ray

T-head x-ray

pelvis x-ray

CTA

DISCHARGE INSTRUCTIONS

Discussed Dx, Tx, Rx, F/U, etc with Pt

ER

Date: 1/6		Mode of Arrival: () Pvt. Car () Ambulance () Helicopter () Other		EMS agency transporting party: () MedStar () CareFlight () Other		Transferring hospital: () None () Direct from Scene		Authorities notified: Time ME _____ PD _____ DHS _____	
Time of arrival: 0049									
<input type="checkbox"/> AUTO / AUTO <input checked="" type="checkbox"/> AUTO / OTHER <input type="checkbox"/> MOTORCYCLE		<input type="checkbox"/> BICYCLE <input type="checkbox"/> PEDESTRIAN VS. _____ <input type="checkbox"/> OTHER _____		<input type="checkbox"/> GSW <input type="checkbox"/> STABBING <input type="checkbox"/> FALL HI. _____		Burns <input type="checkbox"/> Thermal <input type="checkbox"/> Electrical <input type="checkbox"/> Chemical		SAFETY BELT / HELMET <input type="checkbox"/> YES <input type="checkbox"/> NO	

Level 1 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/>	TRAUMA TEAM				INITIAL ASSESSMENT				
	Nurse A <u>[Signature]</u>		Nurse B <u>[Signature]</u>		AIRWAY <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> BLOCKED		RESPIRATORY <input checked="" type="checkbox"/> SPONTANEOUS <input type="checkbox"/> ASSISTED		
	Tech <u>[Signature]</u>		Scribe <u>[Signature]</u>		CARDIAC RHYTHM <input type="checkbox"/> NSR - e ectody <input type="checkbox"/> see nurse notes				
	Other <u>[Signature]</u>		Other <u>[Signature]</u>						
MD NAME _____ CALLED _____ REPLIED _____ ARRIVED _____ PHONE CONSULT _____ ERMD _____ CP CP 0100 TRAUMA SURGEON _____ CH400:00 NEURO SURGEON _____ CH45:510 ORTHOPEDIC _____ PEDIATRICS _____ PLASTIC _____ OTHER _____					VITAL SIGNS TIME 00:49 BP 114/70 PULSE 38 RESP 20 TEMP 96.50 OXYGEN <input type="checkbox"/> MASK <input checked="" type="checkbox"/> NASAL FLOW RATE 3 LPM Skin Signs <input checked="" type="checkbox"/> SWARM <input checked="" type="checkbox"/> SPINK <input type="checkbox"/> DRY <input type="checkbox"/> COOL <input type="checkbox"/> PALE <input type="checkbox"/> MOIST <input type="checkbox"/> CYANOTIC Capillary Refill <input type="checkbox"/> DELAYED <input type="checkbox"/> NONE				
GLASGOW COMA SCALE (CIRCLE)									
EYES		VERBAL		MOTOR		TOTAL			
<input checked="" type="checkbox"/> Open Spontaneous <input type="checkbox"/> To Verbal Command <input type="checkbox"/> To Pain <input type="checkbox"/> No Response		<input checked="" type="checkbox"/> Oriented & Converses <input type="checkbox"/> Disoriented Converses <input type="checkbox"/> Incomprehensible Words <input type="checkbox"/> Incoherent Words <input type="checkbox"/> No Response <input type="checkbox"/> ETT		<input checked="" type="checkbox"/> Obeys Verbal Command <input type="checkbox"/> Localizes Pain <input type="checkbox"/> Withdraws from Pain <input type="checkbox"/> Abnormal Extension <input type="checkbox"/> Abnormal Flexion <input type="checkbox"/> No Response <input type="checkbox"/> Induced Paralysis		15			
PRESENTATION ON ARRIVAL TREATMENT O ₂ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO C Collar <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sand Bags Tape <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Backboard <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PASG Abdomen Inflated <input type="checkbox"/> YES <input type="checkbox"/> NO Applied () Legs Inflated <input type="checkbox"/> YES <input type="checkbox"/> NO EOA <input type="checkbox"/> YES <input type="checkbox"/> NO ETT <input checked="" type="checkbox"/> cm - N/O <input type="checkbox"/> YES <input type="checkbox"/> NO Spine <input type="checkbox"/> YES <input type="checkbox"/> NO CPR on arrival <input type="checkbox"/> YES <input type="checkbox"/> NO Gastric tube N/O size: <input type="checkbox"/> YES <input type="checkbox"/> NO Foley Amt. <input type="checkbox"/> YES <input type="checkbox"/> NO					TIME REMOVAL <u>0054</u>				
SOLUTION NS IVa SITE Rac AMT. INFUSED _____ SITE _____ AMOUNT INFUSED _____					PUPILS Rt Before: 3 After: 2 Reaction: (Br Si Fx Ci) Lt Before: 3 After: 2 Reaction: (Br Si Fx Ci) SIZE 6MM 4MM 3MM 2MM 1MM				
ALLERGIES none PAST MEDICAL HISTORY none					SENSORY/MOTOR: <input checked="" type="checkbox"/> WNL LIST DEFICITS _____				
MEDICATIONS									
TIME		MEDICATION DOSE		ROUTE		GIVEN BY		ORDERED BY	
		Tetanus Toxoid 0.5 ml		IM					
		Lid							
0140		Morphine 2mg IV							
0200		Morphine 1mg IV							
0203		Zofran 4mg IV							
0215		Zofran 4mg IV							
0235		Gastric aspirate							
0300		Solumedrol 10mg IV							
0302		Zofran 4mg IV							
0306		Phenylephrine 10mg IV							
0307		Phenylephrine 10mg IV							
0310		Morphine 2mg IV							
0312		Morphine 2mg IV							
0315		Morphine 2mg IV							
0318		Morphine 2mg IV							
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0544		Morphine 2mg IV							
0546		Morphine 2mg IV							
0548		Morphine 2mg IV							
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0558		Morphine 2mg IV							
0600		Morphine 2mg IV							
0602		Morphine 2mg IV							
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0744		Morphine 2mg IV							
0746		Morphine 2mg IV							
0748		Morphine 2mg IV							
07									

CT READY: 61A TO CT: 0240 BACK TO ER: 0330 LEFT CALLED: 0400

TF (Cont'd.)

BEST AVAILABLE

Time	Key	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	Totals
HR	BPM	53	92	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
BP	Mac	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
BP	Auto																									
Resp	T.A	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
SpO ₂	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Temp	Core	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1
GCS	E.V.M	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
R Pupil	B.A.R	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	B.A.R	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Motor	Arm R/L	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Motor	Leg R/L	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Vent	Vt/FiO ₂	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Urine	mL																									
	Output mL																									
Chest Tube L	Output mL																									
Gastric Tube	Output mL																									
Grand Total																										100

Time	Nurses' Notes
0048	Arrived T4 via EMS. Patient is a 32-year-old female passenger of a van involved in a motor vehicle accident. Moderate amount of damage to vehicle - ELOC - CP & FT. Pt 10% total body pain - GSWs seen to RBS CTA - abd soft, generally difficult to palp - Pt 10% pain where ever she is clonched - CT MAE - states she cannot move her legs but moves them to stimuli - has sensation to all extremities - no motor response. Pt has abrasion on her back.

Disposition	Disposition: OR/ICU/Subacute/Med-Surg/Discharge/AMA/DOA/DER		Date	Condition on Discharge/Transfer
	Time:	Bed #: 66	Transferred To:	<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> See Notes
Next of Kin: <input type="checkbox"/> Here <input type="checkbox"/> Called <input type="checkbox"/> Unable to contact	Signatures:		Time	AM PM
	Nurse: _____ MD: _____			
	Nurse: _____ MD: _____			
	Scribe: _____			

NN

Time	Nurses' Notes
	abd from seat belt and access chest from seat belt - no other injuries noted @ this time - family had OIT -
0054	Backboard removed while C-spine immobilized - maintained - NVT P. 10/20
0120	Resp. in progress - C-spine immobilized - maintained at all times - neuro remains intact -
0140	pt 10 severe nausea, suction at bedside - pt vomited large amt solid undigested food - pt leg rolled while C-spine immobilized - maintained - pt remains neuro intact to sensory but still state she cannot move her legs - in prone -
0150	done - 10 pt fully immobilized & difficulty moving very much clearly - Dep B for blood -
0230	10 pt Salem Sump inserted @ neck & difficulty placing - vented by the bottle suction - moved to low st - pt sat well
0240	pt via stretcher - C-spine immobilized - during transfer - pt remains neuro intact - still has sensation to lower extremities but no voluntary movement -
0330	IT complete - pt transferred back to IT incident - C-spine immobilized - maintained - pt remains neuro intact -
0400	pt 10 severe nausea again - maintained
0430	pt condition unchanged
0500	lytogram being done - pt sat well - neuro status unchanged - maintained
0510	pt 10 severe nausea - pt remains neuro intact -
0525	Radious bed called for - in 10/20 speak to family - chaplain called - pt still cannot move legs but sensory remains intact -
0615	MRP logs placed by Dr. - pt (evaluated) well - pt continues to have sensation to legs - in 10/20 on back exam -
0635	Report to Surgeon Trauma Room - Report called to IMB 2007 RN in NT COT -
0655	pt resting & eyes closed - inaudible to verbal stimuli - Jefferson commodes - pt lying supine - logs in place - (downcast) Blue no movement RLE, white feet & legs held - returns to supine - all being stimulated - Resp. regular and even -
	100% O ₂ on pt - 10/20 on back exam - replaced O ₂ in pt mouth - 10/20 on 30/20 - NG tube remains patent & more connected to low intercutaneous wall suction - Nursing notes - pt present - bowel sounds present & 4 quadrants - hyperactive -
	Bowel sounds

PATIENT:
ADMISSION:
DISCHARGE:

~~DISMISSAL SUMMARY~~

CHIEF COMPLAINT:

Motor vehicle accident

SUMMARY:

This 14 year-old white female was involved in a one car roll-over. The patient was the front seat passenger in restraints. The automobile was unable to make a turn, struck and embankment and rolled. She complained of chest and abdominal pain and numbness of the lower legs and back pain. She had no history of loss of consciousness. There was no hypotension. She was seat-belted.

The patient on examination was unable to move her legs.

On examination of her xrays, there was compression fracture at C6. CT scan of the neck revealed C6 body and lateral mass fracture on the right with no cord compromise. Other spine xrays without obvious fracture. CT scan of the abdomen and pelvis with small amount of fluid in the left perinephric space and pericolic gutter and pelvis.

On examination in the Emergency Room, there was seat-belt marking on the right anterior base of the neck and across the chest with ecchymosis and contusions at the lower abdominal wall above the anterior iliac crest area in a linear fashion consistent with her seat-belt. There was no distention, there was no significant abdominal pain, no mass. Bowel sounds were distant. The patient was thought initially to have sensation intact, but unable to move extremities. She has had questionable movement to stimulation. The patient had sensation to the pelvis and has some rectal tone. Since being placed in tongs, sensation has decreased in the lower extremities. There were absent reflexes.

Urinalysis revealed that the patient had too numerous to count red cells. A cystogram had been obtained and was negative. Amylase was 53. Her initial hematocrit was 35 with WBC 15,100.

After placement of the Gardner-Wells tongs in the Intensive Care Unit she was observed. It was felt that she should be placed in traction until there had been reduction of the subluxation. She was also observed serially and pulmonary care was instituted. She was placed in SCD device and hematocrit remained essentially stable. She had no abdominal pain or distention early on. She was maintained in a Roto-Rest bed with traction device. She did, however, develop low grade

DISMISSAL SUMMARY

- M.D.

PAGE 1 OF 1

PATIENT:

ID:

MR #:

ROOM:

DS

PATIENT:
ADMISSION:
DISCHARGE:

DISMISSAL SUMMARY

temperature with stable hematocrit. Her urinalysis remained the same and she had a slightly distended abdomen noted. There was tenderness in the area of the seat-belt marking. The patient was observed for approximately 72 hours. Amylase and lipase remained normal. There was mildly distended, minimally tender abdomen. Her temperature remained low grade. Hemodynamics were satisfactory. As she was able to undergo MRI being taken out of the tongs, repeat CT scan of the abdomen and pelvis was undertaken. That CT scan revealed significant fluid in the pelvis and small amount of fluid in the upper abdomen. There was no evidence of injury to organ, no retroperitoneal injury, and no free air was noted. The patient was felt to need expiration prior to placement of her halo. She was three days post injury at that time and had been stable. It was initially thought that there was probable mesenteric tear and at the time of exploration the patient would likely have T-tube placed for feedings. The family understood the procedure and possibility for prolonged intubation.

The patient was taken to the Operating Room on 96 and at the time of the exploration was found to have a ruptured proximal jejunum with significant peritonitis. She underwent exploratory laparotomy, resection of the distal duodenum and proximal jejunum with duodenojejunostomy and drainage of her right upper quadrant, Stamm gastrostomy and proximal and distal jejunostomy. She tolerated that procedure well, but was unable to have her abdomen closed due to distention of her small bowel. A silo was created in the Emergency Room and she was transferred back to the Intensive Care Unit where she was resuscitated and placed on renal dose dopamine. She was watched closely for necrosis of her bowel, and Dr [redacted] was asked to evaluate the patient to optimize her antibiotic coverage and to add suggestions to her resuscitation. Her chest xray cleared well. She had bilateral and equal breath sounds. She tolerated her renal dose of dopamine well, and when it was felt appropriate for her to have attempt at adjustment of her silo device, she was taken back to the Operating Room. This was done on 96. She had wound irrigation and she had some closure of the abdominal wall by reducing the size of the silo. A tracheostomy was performed without difficulty. She tolerated the procedure well. She continued to have no evidence of bowel necrosis by direct observation. Her wound remained stable without significant bleeding. She remained without change in her neurologic deficit. Her pulmonary status remained good. Again, within approximately three days she was returned to the Operating Room and silo device was removed. Her wound was approximated and the wound was left

DISMISSAL SUMMARY [redacted]
[redacted] ED.

PAGE 2 of 4

PATIENT:
ID:
MR #:
ROOM:

PATIENT:
ADMISSION:

DISMISSAL SUMMARY

open with wicking.

She had recovery from this surgery, drainage from the drains placed at the time of initial surgery resolved, and approximately 10 days following the initial procedure the patient was begun on tube feeds which she tolerated in a gradual fashion well and hyperalimentation begun for nutrition early on was weaned away. She was slowly weaned from the ventilator with success, placed on a T-bar. She did have attempts at an upper GI series on 96 and was found to have a relatively atonic stomach with no extravasation, however, of contrast given per the G-tube. The J-tube proximally also showed no evidence of extravasation. She had continued tolerance of her J-tube feeding. Because of the atony of her stomach, the G-tube was left open with very minimal by mouth feedings.

She was able to be transferred to the regular floor. She continued to have no significant pulmonary problems and prior to the transfer to the floor, a halo device was placed without difficulty and as the wound care could be optimized. The patient has had significant improvement after she has returned to the floor. Her wound is closing quite satisfactorily. There is good evidence of granulation tissue and epithelialization. She has had no evidence of significant pancreatitis. An upper GI series was repeated, and the patient had good emptying through the duodenal jejunostomy. Her trach size was reduced after having a Jackson trach placed and eventually removed with good results. She did have one episode of nausea and vomiting resolved by opening her gastrostomy tube. She had no evidence of obstruction, however, and no increase in drain output from her drain sites. The drains were removed sequentially. The proximal J-tube has been removed. The distal J-tube remains in place. The G-tube was clamped again. She tolerated her diet. Her tube feedings were weaned off. Her antibiotics were also weaned away as she remained afebrile. She had no evidence of significant respiratory distress, tolerating her by mouth feedings, multiple small feedings, amylase and lipase remain normal and she was transferred to the children's rehabilitation unit on 96.

DIAGNOSES: (AT TRANSFER)

- 1) Motor vehicle accident with C5-6 dislocation and mild compression fracture of C6.
- 2) Blunt abdominal trauma. Delayed identification of rupture of the distal duodenum

DISMISSAL SUMMARY

M.D.

PAGE 3705W

PATIENT:

ID:

MR #:

ROOM:

DS
(Cont'd.)

PATIENT:
ADMISSION:
DISCHARGE:

DISMISSAL SUMMARY

- and proximal jejunum.
- 3) Significant peritonitis.
 - 4) Post trauma malnutrition resolving.
 - 5) Lower respiratory tract infection resolving.
 - 6) Open abdominal wound status post closure of abdominal wound and removal of silo device.
 - 7) Status post dissection of distal jejunum proximal jejunostomy with duodenal jejunostomy and gastrostomy proximal and distal jejunostomy.
 - 8) Neurologic deficit secondary to C5-6.

See operations for detail.

PLAN: Transfer to Children's Hospital
for further treatment and rehabilitation.

M.D.

D: 96
T: 96
JOB:

DISMISSAL SUMMARY

PAGE 4 of 4

PATIENT:
ID:
MR #:
ROOM:

PATIENT:

ADMISSION:
DISCHARGE:

CONSULTATION

ATTENDING PHYSICIAN(S):

M. D.

As a 14-year-old child who was in the passenger's seat of an automobile at the time of a wreck, the early morning of the 2nd of The child was restrained and hit an air bag, but had sudden loss of motion in her legs. She entered the Emergency Room where cervical spine x-rays and CT scan of the cervical spine revealed a 3 mm forward dislocation of C5 on C6 and a 20% compression fracture of C6. There was also a fracture through the lateral mass of C5 on the right. There is no intracanalicular bone fragments.

PHYSICAL EXAMINATION: The child has moderately weak flexion and extension. She has no hand grip bilaterally and is unable to move her legs volitionally. She has weak rectal tone. She does have, however, have sensation the pinprick in the lower extremities and has some proprioception and sensation in the lower extremities. CT scan of the cervical spine also revealed a cleft fracture through the body of C5 which appeared to be hairline.

PAST HISTORY: Allergies to drugs - none known. Past surgery - none. Past medical history - history of asthma when she was younger, but none recently.

PHYSICAL EXAMINATION: Reveals a well-developed, well-nourished, thin, 14 year old female lying supine in bed with a stiff neck collar.

HEAD: Scalp revealed no lesions. Eyes - pupils are equal and react to light. Ears - Tympanic membranes intact. Nose - clear.

NECK: Was in a type collar.

CHEST: Clear to auscultation and percussion.

CARDIOVASCULAR: Normal sinus rhythm.

ABDOMEN: Nontender.

EXTREMITIES: No deformity.

NEUROLOGIC: She has a sensation to pinprick throughout. She has good deltoid strength, weak flexion bilaterally and no extension. She has no hand grip. She is unable to move her legs volitionally. She does, however, feel sensation the pinprick in both lower extremities and does have some proprioception to motion in her lower extremities. She has moderately weak rectal tone.

HISTORY & PHYSICAL

CONSULTATION

M.D.

PATIENT:

ID:

MR #:

ROOM:

PAGE 1 of 2

CW

PATIENT:
ADMISSION:
DISCHARGE:

CONSULTATION

IMPRESSION(S):
compression fracture of C6.
RECOMMENDATIONS:
and alignment of the neck.

C5-6 dislocation with mild
Placement of Gardner-Wells tongs

M.D.

D: 96
T: 96
JOB:

CC:

M. D.

HISTORY & PHYSICAL

CONSULTATION

PAGE 2 OF 2

PATIENT:
ID:
MR #:
ROOM:

PATIENT:
ADMISSION:
DISCHARGE:

~~OPERATIVE REPORT~~

DATE OF PROCEDURE: 96
PREOPERATIVE DIAGNOSIS: Fracture dislocation C5
on C6.
POSTOPERATIVE DIAGNOSIS: Same as preoperative diagnosis.
PROCEDURE(S): Application of Gardner-Wells
tongs and reduction of fracture.

TECHNIQUE: The patient was placed supine on
the recovery room roller. The patient's hair above and in front
of her ear was then shaved bilaterally and the ear was palpated
down and infiltrated with 1% xylocaine with epinephrine.
Gardner-Wells tongs were then inserted approximately 2 cm above
and 1 cm in front of the external auditory meatus. The tongs
were tightened down to fingertip tightness and then the locked
screw was applied. Patient was then transferred very carefully
to the Roto Rest bed and the Philadelphia collar was removed.
Gradual increase in weights with lateral x-rays of the neck were
taken at this point. The weights were increased to 25 lbs. of
traction and reduction to 2 mm was obtained. The patient was then
carried to the intensive care unit in stable condition.

M.D.

D: 96
T: 96
JOB:

~~OPERATIVE REPORT~~

M.D.

PAGE 1 of 1

PATIENT:
ID:
MR #:
ROOM:

051

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:

Motor vehicle accident with fractured neck at C6, paraplegia secondary.
Blunt abdominal injury with resultant increasing intra-abdominal and pelvic fluid.

POSTOPERATIVE DIAGNOSIS:

Same as preoperative diagnosis with perforated anterior jejunum, perforated distal duodenum, anterior and posterior and significant peritonitis.

OPERATION

Exploratory laparotomy;
Resection of the proximal jejunum and distal duodenum.
Retroperitoneal exploration.
Duodenojejunostomy.
Stamm gastrostomy.
Proximal and distal jejunostomy.
Drainage of right upper quadrant.

INDICATIONS

This 14-year-old white female was a front seat passenger of an automobile involved in an accident in which there was loss of control of the motor vehicle, with automobile going into a ditch. The patient was brought to Hospital with loss of motor function of her lower extremities and minimal function of her upper extremities. She was evaluated in the Emergency Room and found on CT to have a fracture of the C-6 vertebra and was thought to have resultant paraplegia secondary to that. She had seatbelt mark across the anterior abdomen and on the initial CT had a very small amount of fluid in the left perinephric area, very minimal amount of fluid in the left pericolic area and a small amount of fluid in the pelvis. She was placed in Gardner-Wells tongs and on steroid protocol for her paraplegia and was observed closely. She has had no hemodynamic problems. Her Glasgow Coma Scale remained at 15 and her paraplegia was unchanged. She had some minimal abdominal distention. Bowel sounds were noted. She had large NG aspirate also noted. Amylase and lipase were normal and hematocrit decreased from 42 to 32. She had a repeat CT scan of the abdomen

OPERATIVE REPORT

PAGE 1 of 4

PATIENT:
ID:
MR #:
ROOM:

052

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

on the previous day with small amount of intra-abdominal fluid but a large collection of pelvic fluid and it was felt this likely was secondary to mesenteric laceration since she had no significant abdominal complaints and had remained hemodynamically stable without a septic episode. However, it was felt that because she would have a prolonged ileus secondary to her injuries, that she should undergo placement of gastrostomy tube and that laparotomy should be performed for possible occult injury.

PROCEDURE

The patient was taken to the operating room and was placed on the operating room table in supine position. After appropriate anesthesia, she was prepped and draped and a midline incision was made and was carried down to the skin and subcutaneous tissue to the underlying midline fascia. The abdomen was entered. There was moderate distended abdomen. Very foul smelling green to yellowish mucoid drainage within the abdomen and purulent drainage within the pelvis - this was all aspirated and cultured. Attention was turned toward the small bowel where there were multiple areas of adhesions which were taken down and moderate inflammation. It became obvious that there was a perforation of the area of the ligament of Treitz. The anterior surface of the jejunum and distal duodenum were mobilized and a perforation of approximately 1½ to 2 centimeters was identified on the anterior and antimesenteric border. Attempts were made to close this area with 3-0 silk suture and a good closure was felt to have been obtained. However, there appeared to be some purulent appearing material and after irrigation of the abdomen and with consultation from Dr. [redacted] it was decided that a retroperitoneal exploration would be performed. The duodenum was kocherized with ease and the duodenum was dissected by taking its retroperitoneal detachments down, taking care not to injure the vascular structures or any structures around the head of the pancreas. The duodenum was mobilized from right side to medial to the midline and abscess cavity was identified, and there appeared after evaluation of the area that there was posterior perforation. It was decided that a duodenal resection should be performed and initially it was felt that temporizing procedures should be undertaken with no primary anastomosis secondary to inflammation. The duodenum was mobilized distally and the jejunum

OPERATIVE REPORT

PAGE 2 of 4

PATIENT:
ID:
MR #:
ROOM:

052
(cont'd.)

PATIENT:
 ADMISSION:
 DISCHARGE:

OPERATIVE REPORT

was mobilized proximally. The jejunum was divided with the stapler device and was able to be withdrawn through the area of the ligament of Treitz. The duodenum was then dissected more proximally and divided in appropriate areas such that the ampulla was not endangered. After evaluating the area, it was decided that there was adequate length and that there was probably value in reanastomosis of the jejunum and the duodenum. Both of these areas were prepared appropriately, and because of the large duodenum, end-to-side anastomosis was effected. The duodenum had been divided also at the GI device and an appropriate portion of antimesenteric border of the proximal jejunum was identified. The duodenum was without evidence of necrosis or ischemia. There was adequate length from the ampulla for anastomosis and a two layer anastomosis was performed without difficulty. The abdomen had been inspected and again was re-evaluated from the ligament of treitz to the ileocecal valve without evidence of perforation or abnormality. The pelvis did have some moderate amount of fluid and debris which was removed and suctioned. The stomach was with evidence of significant abnormality as was the spleen, both diaphragm without abnormality. The lesser sac was opened and the pancreas was without evidence of significant injury. The area of dissection was inspected without significant drainage. The area of the ligament of Treitz was inspected without significant bleeding or abnormality and the abdomen was then copiously irrigated with 2-3 liters of warm saline. It was decided that the tube diversion technique would be performed. A Stamm gastrostomy was placed in the body of the stomach through a perforation in the left upper abdomen using two concentric circles of 2-0 chromic suture. A #20 Foley catheter through the catheter through the perforation in the circular area and a catheter was passed and tied down. Abdominal stay sutures of 2-0 silk were placed. A jejunostomy was performed to pass a tube proximally to the area of the dissection but not in the area of dissection and this was sutured into place in a Wetzel fashion. A distal jejunostomy was performed in a similar fashion, it was wetzeled with 3-0 silk suture. The concentric circle was performed with 2-0 chromic sutures. These were attached to the abdominal wall with 2-0 silk suture. The two jejunostomies and gastrostomy was sutured to the anterior wall with 2-0 silk suture. Two Blade drains were placed in the right upper quadrant, one in the area of the head of the pancreas and the

OPERATIVE REPORT

PAGE 3 of 4

PATIENT:
 ID:
 MR #:
 ROOM:

PATIENT:
ADMISSION:

OPERATIVE REPORT

other posteriorly along the lateral aspect of the liver. These were placed through two separate stab wounds. 2-0 silk suture was used to suture the drains into the abdominal wall. There was significant edema and swelling of the intra-abdominal contents and it was felt that closure of the abdominal wall will cause abdominal hypertension and a sterile hyper-al bag was used as a silo sutured into place in a running fashion around the edge of the wound to obtain abdominal wall closure. Dressings were placed on the patient's abdominal wall. The Blake drains were connected to the reservoirs and the patient was then placed back on the roto-rest bed and returned to the Intensive Care Unit in stable but guarded condition.

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M.D.

OPERATIVE REPORT

M.D.

PAGE 4 of 4

PATIENT:

ID:

MR #:

ROOM:

052
(Cont'd.)

SURGICAL PATHOLOGY REPORT

Patient Name: _____ Report Number: _____
 Patient Number: _____ Date Reported: 96 10:08AM
 Location: _____ Date of Specimen: 96
 Age: ____/1982 Sex: F

Attending Physician(s): _____
 REFERRING PHY/NO.: _____ M.D. / DR.

CLINICAL HISTORY/DIAGNOSIS: "MVA"
 SPECIMEN(S) SUBMITTED: "portion of small bowel
 + duodenum"

FINAL MICROSCOPIC DIAGNOSIS:

TWO SEGMENTS OF SMALL BOWEL (12.0 cm. and 5.0 cm. in Length) WITH
 PROMINENT PURULENT EXUDATE ALONG SEROSAL SURFACE AND FOCAL AREA
 OF BOWEL PERFORATION OF SMALLER SEGMENT (5.0 cm. Segment) -
 SEGMENTS REMOVED SECONDARY TO TRAUMA FROM MOTOR VEHICLE
 ACCIDENT

_____, M.D. (signed report on file)

CPT CODE: _____
 DMC: _____

GROSS DESCRIPTION:

Received is a tissue container labeled "small bowel and duodenum." The specimen consists of two segments of tissue. One is a small intestinal segment measuring 12 cm. in length. There is a focal mild partial yellow covering of the serosa. The bowel is opened revealing a focal reddened surface centrally. Section of the reddened area of the mucosa is processed labeled "A" and sections from the area partially covered by a yellow serosa are processed labeled "B." Sections of the surgical margins are processed labeled "C." The smaller segment of intestine measures 5 cm. in length. The surface is partially covered by clotted debris. Sectioning reveals an irregular rough area of the intestinal wall which on the outer aspect has been closed by a suture. The wall in this area is dark red. Sections of the wall are processed labeled "D." There is a partial yellow covering on the serosal surface. Sections of this area are processed labeled "E." Sections of the surgical margins are processed labeled "F."

SB:ce

MICROSCOPIC DESCRIPTION:

Specimen "A" demonstrates viable small bowel with submucosal edema and congestion, and purulent exudate along the serosal surface. Specimen "B" similarly demonstrates viable appearing mucosa, edema,

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS:

Motor vehicle accident with C6 fracture, neurologic deficit, perforated duodenum distally with laparotomy, duodenal excision and duodenojejunostomy.

POSTOPERATIVE DIAGNOSIS:

Same as preoperative diagnosis. Silo mechanism was placed at surgery.

OPERATION

Wound exploration;
Irrigation;
Narrowing of silo mechanism;
Tracheostomy.

SUMMARY

This 14-year-old white female was involved in a motor vehicle accident on 6/6 with multiple injuries including C6 fracture with deficit and a perforation of her distal jejunum which was initially somewhat occult in nature, but became more obvious during her evaluation. She underwent surgery on 6/96 with a duodenojejunostomy with a silo mechanism placed in. She has had a relatively stable course and it is felt time for re-exploration of that silo mechanism and wound with evaluation of bowel, irrigation and narrowing or wound closure. Tracheostomy is elected if there is to be repeated laparotomies as she likely should not be re-intubated multiple times with her neck injury and will require ventilatory support as the mechanism is narrowed down, and there is the possibility of loss of trachea and elevation of the diaphragm.

PROCEDURE:

The patient was taken to the operating room and was placed on the operating table in supine position. After appropriate anesthesia, she was prepped and draped. The silo mechanism made out of a sterile hyperal-bag was incised down its middle. The bowel was entirely viable. There was no evidence of significant purulent drainage. There were small fibrinous adhesions noted which were taken down bluntly and were taken down also around the outer limits of the wound on the lower aspect. The pelvis was inspected. There was some minimal amount of fluid noted which was aspirated and cultured. The patient's abdominal wound was inspected for any other evidence of abscess.

OPERATIVE REPORT

M.D.

PATIENT:

ID:

MR #:

ROOM:

SURGICAL PATHOLOGY REPORT

for

Facsimile: _____

Patient Name: _____
Patient Number: _____
Location: _____
Age: 1982 Sex: F

Report Number: _____
Date Reported: _____ 96 10:08AM
Date of Specimen: _____ 96

Attending Physician(s): _____

MICROSCOPIC DESCRIPTION:

submucosa and purulent exudate along the serosa with some polymorphonuclear leukocyte infiltration into the attached muscular wall of the small bowel. Surgical margins demonstrate viable appearing small bowel with similar submucosa edema and congestion and thin, purulent exudate along the serosal surface. Specimen "D" demonstrates disrupted bowel wall with area of ulceration and inflammatory reaction extending through the hemorrhagic bowel wall suggesting an area of perforation. Specimen "E" demonstrates prominent purulent exudate along the serosal surface of the bowel and an area of apparent perforation. Surgical margins of smaller specimen demonstrate viable bowel with purulent exudate along the serosal surface.

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

DATE OF PROCEDURE: 96.

PREOPERATIVE DIAGNOSES: 1. Status post duodenal injury after blunt abdominal trauma.
2. Status post duodenal repair with resection, a duodenal jejunostomy and three tube technique with Stone with temporary silo abdominal closure.

POSTOPERATIVE DIAGNOSES: 1. Status post duodenal injury after blunt abdominal trauma.
2. Status post duodenal repair with resection, a duodenal jejunostomy and three tube technique with Stone with temporary silo abdominal closure.

PROCEDURE(S): Partial closure of abdomen with adjustment of silo.

SURGEON: M.D.

FIRST ASSISTANT: M.D.

ANESTHESIA: Propofol conscious sedation with
- Dr. Gracia.

ESTIMATED BLOOD LOSS: None.

BLOOD REPLACED: None.

CRYSTALLOIDS REPLACED: 100 cc.

COMPLICATION(S): None.

OPERATIVE REPORT

M.D.

PAGE 1 of 2

PATIENT:
ID:
MR #:
ROOM:

FIG 1

054

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

There was none. It was irrigated with warm saline. The sterile hyperal-bag was then narrowed, such that there was not any kinking of tension upon the anterior wall or significant compression of the bowel. It should be noted that the bowel continued to be moderately edematous as was the omentum. The hyperal-bag was closed with 0 Prolene in a running fashion and the superior most portion and inferior most portion there was no evidence of significant drainage. There was no difficulty with increase in peak pressures on the ventilator. The patient tolerated that portion of the procedure satisfactorily. Dressing was placed and then attention was turned toward the anterior neck which was re-prepped and draped and an incision was made in the neck approximately 3-4 centimeters from the suprasternal notch and was carried down through the skin and subcutaneous tissue to the underlying fascia. The strap muscles were divided in their midline. The inferior most portion of the thyroid gland was identified and was elevated off the trachea. The trachea was easily identified and at approximately the second tracheal ring an incision was made. The ET-tube was encountered. The trachea was dilated. A #7 Portex ~~tracheal tube~~ was passed through after the dilation was passed through after the dilation without difficulty. Bilateral excursion of the chest was noted and there was also bilateral equal breath sounds noted. The Portex wings were sutured into place with 2-0 silk suture. The patient tolerated the procedure well. ~~Post-operative~~ x-ray was obtained and there was appropriate positioning of the tracheostomy noted. The patient was then returned to the Intensive Care Unit for further resuscitation and treatment.

M.D.

D: 96
T: 96
JOB:

OPERATIVE REPORT

PAGE 2 of 2

PATIENT:
ID:
MR #:
ROOM:

053
(Cont'd.)

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

DATE OF PROCEDURE: 96

PREOPERATIVE DIAGNOSIS: 1. Multiple blunt trauma, status post motor vehicle crash.
2. Status post duodenal repair with temporary silo closure of the abdomen.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE PERFORMED: 1. Limited exploration of abdomen.
2. Irrigation.
3. Delayed primary closure of abdominal wall.

SURGEON:

ANESTHESIA: General endotracheal anesthesia - Dr

ESTIMATED BLOOD LOSS: Less than 50 cc

BLOOD REPLACED: None.

CRYSTALLOIDS REPLACED: 600 cc.

URINARY OUTPUT: 400 cc

DRAINS: No new drains.

COMPLICATIONS: None.

INDICATIONS: The patient is status post repair of complex duodenal injury with repair and temporary silo closure of the abdomen. The patient has had two tightenings of the silo and is ready for definitive closure.

FINDINGS AT SURGERY: 1. Removal of IV bag silo.
2. Some exudate formation.

OPERATIVE REPORT

M.D.

PAGE 1 of 3

PATIENT:
ID:
MR #:
ROOM:

055

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

TECHNIQUE: With the patient in the trauma intensive care unit, under premedial conscious sedation with monitoring by anesthesia, the abdomen was prepped with Betadine and sterilely draped. The previous midline incision in the abdominal silo bag was opened. The abdominal fascia was grasped with Kochers and approximated in the midline. It looks to be nearly completely closable. At this point, the silo bag closure was tightened and then sutured with running mattress suture of 0 Prolene. A sterile bulky dressing was reapplied.

The patient tolerated this procedure well without intraoperative complications and will be taken to the operating room on 96 for limited exploration, lavage of peritoneal cavity and delayed primary closure of the abdominal wall.

M.D.

CR:
D: 96
T: 96
JOB:

cc: M.D.

OPERATIVE REPORT

PAGE 2 OF 2

PATIENT:
ID:
MR #:
ROOM:

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(Cont'd.)

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

3. Very mild adhesions to the midline. There are easily removed. There are two loculated fluid collections found in the pelvis, which are aspirated.
4. Status post copious irrigation of the abdominal cavity without further evidence of loculated fluid in the easily accessible areas.
5. Status post closure of the midline fascia with combination running and inverted internal retention sutures of #1 Prolene with good apposition and without increase in peak inspiratory pressure.

TECHNIQUE:

The patient was brought to the operating room and after adequate levels of general endotracheal anesthesia were achieved, the abdomen was quickly prepped and the silo bag was removed. Then the abdomen was completely prepped again with Betadine and sterilely draped in the usual fashion. Gentle lysis of adhesions and dissection were carried out about the borders of the bowel and the limits of the incision, freeing any adhesions that had formed. There were several loculated areas of fluid along the gutters and in the pelvis which were freed and then aspirated. All the areas of adhesions close to the midline fascia were carefully taken down and only the areas which were easily accessible were entered. Then, with a total of greater than five liters of sterile saline, the abdomen was copiously irrigated. The skin was freed from the fascia. Then, using a combination of interrupted inverted #1 internal retention sutures using Prolene, the abdomen was closed in combination with running #1 Prolene. At the end of the closure and throughout the closure, peak airway pressure was monitored and there was no increase in the peak airway pressure. The wound was then copiously irrigated again and then was loosely closed with staples at the skin level. Between the gaps and the staples,

OPERATIVE REPORT

PAGE 2 of 3

PATIENT:

ID:

MR #:

ROOM:

055
(Cont'd.)

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

wicks of Kerlix gauze soaked in Betadine were placed into the depths of the wound. Sterile bulky pressures were then applied. The G-tube, D-tube and J-tube were then dressed with Xeroform and received a separate dressing.

All sponge, needle and instrument counts were stated to be correct by the scrub nurse.

The patient tolerated this procedure well without intraoperative complications and returned to the Trauma Intensive Care Unit in guarded but stable condition.

M.D.

CR:
D: 96
T: 96
JOB:

cc:

MD

OPERATIVE REPORT

M.D.

PAGE 3 of 3

PATIENT:
ID:
MR #:
ROOM:

PATIENT:
ADMISSION:
DISCHARGE:

OPERATIVE REPORT

DATE OF PROCEDURE:

96.

PREOPERATIVE DIAGNOSES

Fracture dislocation, C-5-6.

POSTOPERATIVE DIAGNOSES:

Same as preoperative diagnosis.

OPERATIVE PROCEDURE:

Application of Halo brace.

TECHNIQUE:

The patient was brought to the operating room on a roller rest bed and, using the Mayfield-Keyes traction ring, the patient was transferred from the roller rest bed to a regular recovery-room roller with the head over the edge of the bed. The halo vest was then placed around the patient, taking care to keep the abdominal lines free from the vest, itself. A halo ring was then positioned around the scalp after the scalp was shaved, prepped, and draped with Betadine solution and injected with one percent Xylocaine with Epinephrine. After the halo was in the appropriate position, the four pins were torqued down to eight pounds. The vest rods were then placed and tightened down. Another x-ray of the neck was taken and the cervical spine appeared to be in adequate alignment. There was no more than two millimeters of subluxation. After the pins were tightened down to the appropriate poundage, the patient was then placed on a regular intensive care unit bed and taken to the intensive care unit in stable condition. The patient tolerated the procedure well.

M.D.

LP:ta

D: 96

T: 96

JOB:

OPERATIVE REPORT

M.D.

PATIENT:

ID:

MR #:

ROOM:

PAGE 1 of 1

056

PATHOLOG
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SERVICES

LEGEND FOR TESTING SITES ON REVERSE SIDE

1996

SEVEN-DAY CUMULATIVE REPORT

PATIENT INFO:	ATT/DR	FEMALE	014 YR(S)	PAGE 7
			H032P	ICS
FORMAT ... TEST NAME	CODES: A OUTSIDE NORMAL X EXTREMELY L BELOW H ABOVE			
... NORMAL RANGE AND TESTING SITE	... RANGE OR \pm 2 SD ARNORMAL NORMAL NORMAL			
... TIME SPECIMEN OBTAINED	RESULTS APPEAR BELOW, UNDER DATE SPECIMEN WAS OBTAINED			
RH(O)D TYPE:				
NORMAL IS POS OR NEG				
0540	POS			
AUTO CONTROL INTERPRETATION				
NORMAL IS NEGATIVE				
0540	NEG			
ANTIBODY SCREEN				
NORMAL IS NEGATIVE				
0540	NEG			
PACKED CELLS PROCESSING				
CROSSMATCH INTERPRETATION				
NORMAL IS COMPATIBLE				
0540	COM			
UNIT ASSIGNED:				
DONOR GROUP: A				
DONOR TYPE: POS				
AVAILABLE UNTIL: 1996 0700				
UNIT NO: PC	UNIT WEIGHT: 361 GRAMS			
GROUP & TYPE: A POS	UNIT APPEARANCE: NORMAL			
COMPONENT ISSUED: PC	ISSUE IDENTIFICATION ---			
UNIT ISSUE BY:	TO CARRIER: 96			
UNIT ISSUED:	TRANSFUSION IDENTIFICATION ---			
PATIENT GROUP & TYPE: A POS				
TRANSFUSION STARTED: 96				
CROSSMATCH INTERPRETATION				
NORMAL IS COMPATIBLE				
0540	COM			
UNIT ASSIGNED:				
DONOR GROUP: A				
DONOR TYPE: POS				
AVAILABLE UNTIL: 1996 0700				
UNIT NO: PC	UNIT WEIGHT: 410 GRAMS			
GROUP & TYPE: A POS	UNIT APPEARANCE: NORMAL			
COMPONENT ISSUED: PC	ISSUE IDENTIFICATION ---			
UNIT ISSUE BY:	TO CARRIER: ANN FOREMAN			
UNIT ISSUED:	TRANSFUSION IDENTIFICATION ---			
PATIENT GROUP & TYPE: A POS				
TRANSFUSION STARTED: 96				

** END OF PATIENT'S REPORT **

96 PAGE 7

EER 1

IMMUNOHE TOLOGY

PATHOLOG
SERVICES

THOLOGY
SERVICES

LEGEND FOR TESTING SITES ON REVERSE SIDE

SEVEN-DAY CUMULATIVE REPORT

PATIENT
INFO:

ATT7

FORMAT... TEST NAME
... NORMAL RANGE AND TESTING SITE
... TIME SPECIMEN OBTAINED

CODES: * OUTSIDE NORMAL RANGE OR ± 2 SD X EXTREMELY ABNORMAL L BELOW NORMAL H ABOVE NORMAL
RESULTS APPEAR BELOW, UNDER DATE SPECIMEN WAS OBTAINED

CROSSMATCH INTERPRETATION
NORMAL IS COMPATIBLE

0715

COM

UNIT ASSIGNED:

DONOR GROUP: A

DONOR TYPE: POS

UNIT RELEASED:

1996

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THOLOGY

** END OF PATIENT'S REPORT **

96 PAGE 5
EEK 2

PATHOLOGY
SERVICESPATHOLOGY
SERVICES

* * THIS CUMULATIVE REPORT DOES NOT CONTAIN BLOOD BANK OR MICROBIOLOGY RESULTS * *

LEGEND FOR TESTING SITES ON REVERSE SIDE

1996
DISCHARGE SUMMARYPATIENT
INFO:

FEMALE

14 YR(S)

PAGE 7

TEST NAME

OUTSIDE NORMAL RANGE OR 2SD X ABNORMAL L NORMAL H ABOVE
RESULTS APPEAR BELOW-UNDER DATE AND TIME SPECIMEN WAS OBTAINED

NORMAL RANGE

COAGULATION

PARTIAL THROMBOPLASTIN TIME

PARTIAL THROMBOPLASTIN TIME

0510	0512	0535
26.8	25.1	27.4
HML	HML	HML

22.6-33.7 SECONDS

BEDSIDE GLUCOSE

BEDSIDE GLUCOSE

BEDSIDE GLUCOSE

1745 0014 0512 0020 0056 0451
0424 1203 0448 0541 1205
1201 1821 1148 1141 1720
1833 1732 2340
2359 2337

114 H	120 H	164 H	115 H	126 H	142 H
	136 H	141 H	154 H	122 H	122 H
	108	136 H	138 H	119 H	158 H
	112 H			91	136 H
	74			116 H	

70-110 mg/dL

BEDSIDE GLUCOSE

0441 0021 0557 0507 0424 0439
1143 0535 1144 1147 1100 1128
1730 1138 1758 1734 1732 1738
1741 2339 2354 2357 2355
1835
2356

162 H	121 H	159 H	143 H	111 H	114 H
129 H	166 H	124 H	78	133 H	96
128 H	116 H	94	132 H	112 H	116 H
	62 L	117 H	119 H	121 H	122 H
	129 H				
	120 H				

70-110 mg/dL

BEDSIDE GLUCOSE
1245

137 H

70-110 mg/dL

BLOOD GASES

ARTERIAL BLOOD GASES

pH
PCO2 DIRECT
PO2
BICARBONATE, CALCULATED
O2 SATURATION
FIO2
ACID/BASE STATUS

0645	0505	1635	0510	1125
7.36	7.44	7.47 H	7.56 H	7.49 H
40.9	39.9	31.3 L	27.3 L	34.7 L
233 H	186 H	174 H	220 H	187 H
23.4	27.2	22.8	24.5	26.5
99.8	99.7	99.7	99.9	99.7
2L	3L	60%	50%	40%
#A	#A	#B	#B	
HML	HML	HML	HML	HML

7.35-7.45
35.0-45.0 mmHg
80-105 mmHg
22.8-28.8 mmol/L
94.0-100.0 %

A) Normal

B) Respiratory Alkalosis

Calculated Oxygen Saturation result may be inaccurate in the presence of high Carbon Monoxide.

** CONTINUED ON NEXT PAGE **

PAGE 7

PATHOLOGY
SERVICESPATHOLOGY
SERVICES

• • THIS CUMULATIVE REPORT DOES NOT CONTAIN BLOOD BANK OR MICROBIOLOGY RESULTS • •

SEND FOR TESTING SITES ON REVERSE SIDE

1996

DISCHARGE SUMMARY

PATIENT
INFO

FEMALE

14 YR(S)

OR

PAGE 8

TEST NAME

CODES: • OUTSIDE NORMAL EXTREMELY BELOW ABOVE
RANGE OR 2SD X ABNORMAL L NORMAL H NORMAL
RESULTS APPEAR BELOW-UNDER DATE AND TIME SPECIMEN WAS OBTAINED

NORMAL RANGE

BLOOD GASES

ARTERIAL BLOOD GASES

pH
PCO2 DIRECT
PO2
BICARBONATE, CALCULATED
O2 SATURATION
FI02
ACID/BASE STATUS

0424	1500	0512	0440	0545
7.49 H	7.46 H	7.38	7.42	7.45
31.5 L	33.1 L	41.5	39.4	36.4
205 H	153 H	192 H	161 H	177 H
24.0	23.9	24.7	26.0	25.6
99.8	99.5	99.6	99.5	99.6
40%	35% VT	.35	35%	35%VT
#A	#A	#B	#B	#B
HML	HML	HML	HML	HML

7.35-7.45
35.0-45.0 mmHg
80-105 mmHg
22.8-28.8 mmol/L
94.0-100.0 %

A) Respiratory Alkalosis
B) Normal

Calculated Oxygen Saturation result may be inaccurate in the presence
of high Carbon Monoxide.

ARTERIAL BLOOD GASES

pH
PCO2 DIRECT
PO2
BICARBONATE, CALCULATED
O2 SATURATION
FI02
ACID/BASE STATUS

0451	0714	0630	0557	0507
7.43	7.47 H	7.48 H	7.47 H	7.38
37.7	37.4	37.1	38.1	47.8 H
178 H	164 H	178 H	171 H	178 H
25.2	27.3	28.1	27.8	28.6
99.6	99.6	99.7	99.6	99.5
35% VT	35% VT	35% VT	02/35%	03/35
#A				
HML	HML	HML	HML	HML

7.35-7.45
35.0-45.0 mmHg
80-105 mmHg
22.8-28.8 mmol/L
94.0-100.0 %

A) Normal

Calculated Oxygen Saturation result may be inaccurate in the presence
of high Carbon Monoxide.

ARTERIAL BLOOD GASES

pH
PCO2 DIRECT
PO2
BICARBONATE, CALCULATED
O2 SATURATION
FI02
ACID/BASE STATUS

1630	0424	1045	0439	1119
7.39	7.39	7.40	7.41	7.40
44.1	46.1 H	42.3	44.0	44.8
154 H	147 H	123 H	199 H	210 H
26.7	28.2	26.2	28.0	28.0
99.3	99.2	98.7	99.7	99.7
35%	35%	50%	40%	02/40
#A		#A	#A	#A
HML	HML	HML	HML	HML

7.35-7.45
35.0-45.0 mmHg
80-105 mmHg
22.8-28.8 mmol/L
94.0-100.0 %

A) Normal

Calculated Oxygen Saturation result may be inaccurate in the presence
of high Carbon Monoxide.

PATHOLOGY
SERVICESPATHOLOGY
SERVICES

• • THIS CUMULATIVE REPORT DOES NOT CONTAIN BLOOD BANK OR MICROBIOLOGY RESULTS • •

LEGEND FOR TESTING SITES ON REVERSE SIDE

1996

DISCHARGE SUMMARY

PATIENT
INFO:

DR

FEMALE 14 YR(S)

PAGE 16

TEST NAME

CODES: • OUTSIDE NORMAL EXTREMELY BELOW ABOVE
RANGE OR 2SD X ABNORMAL L NORMAL H NORMAL
RESULTS APPEAR BELOW-UNDER DATE AND TIME SPECIMEN WAS OBTAINED

NORMAL RANGE

PREGNANCY TEST

09-02
0111NEGATIVE
HML

NEGATIVE

PREGNANCY TEST
PREGNANCY TEST, SERUM

THERAPEUTIC DRUGS

09-08 1340	09-08 1600	09-10 1515	09-10 1725
40MG 1500 LT0.3	40MG 1500 1.4 L HML	? ? LT0.3 HML	N N 2.0 L HML

Therapeutic 0-2 ug/mL
Therapeutic 5-10 ug/mL

GENTAMICIN

Current dose:
Completed dose time:
GENTAMICIN, TROUGH
GENTAMICIN, PEAK

TOXICOLOGY

09-02
0137LT10
HML

Less than 10 mg/dL

ALCOHOL
ALCOHOL, ETHYLAlcohols are typically reported in mg/dL for medical purposes.
This alcohol result is for medical purposes only. It is not a
forensic order.

INTERPRETIVE NOTES: LT50 mg/dL - little or no apparent influence
100 mg/dL - intoxicated
300 mg/dL - associated with coma
500 mg/dL - potentially life threatening

URINE CHEMISTRY

09-11 1800	09-12 1845	09-16 1015	09-16 1015	09-25 2000
14 900 1600 HML	165 HML	18 H 1287 1390 HML	1390 781 L HML	50 HML

NO NORMALS mmol/L
6-17 g/24hr
NO NORMALS
600-1600 mL/24hr
800-1800 mg/24hr

URINE CHEMISTRY

SODIUM, URINE RANDOM
UREA NITROGEN, URINE 24HR
UREA NITROGEN, MG/DL (URINE)
URINE VOLUME
CREATININE, URINE-24HR

PATHOLOGY
SERVICESPATHOLOGY
SERVICES

* * THIS CUMULATIVE REPORT DOES NOT CONTAIN BLOOD BANK OR MICROBIOLOGY RESULTS * *

LEGEND FOR TESTING SITES ON REVERSE SIDE

1996

DISCHARGE SUMMARY

FEMALE 14 YR(S)

PAGE 9

INFO:

DR.

CODES: * OUTSIDE NORMAL RANGE OR 2SD X EXTREME ABNORMAL L NORMAL H ABOVE NORMAL

RESULTS APPEAR BELOW UNDER DATE AND TIME SPECIMEN WAS OBTAINED

NORMAL RANGE

TEST NAME

BLOOD GASES

ARTERIAL BLOOD GASES

pH
PCO2 DIRECT
PO2
BICARBONATE, CALCULATED
O2 SATURATION
FIO2
ACID/BASE STATUS

1245	1100
7.39	7.43
54.0 H	50.5 H
187 H	138 H
33.1 H	34.0 H
99.6	99.1
02/40	02/40
#A	#A
HML	HML

7.35-7.45
35.0-45.0 mmHg
80-105 mmHg
22.8-28.8 mmol/L
94.0-100.0 %

A) Compensated Respiratory Acidosis or Compensated Metabolic Alkalosis
Calculated Oxygen Saturation result may be inaccurate in the presence
of high Carbon Monoxide.

CARDIOVASCULAR TESTING

CK (CREATINE KINASE)
CREATINE KINASE (CK)

0110	0645	0505	0510	0426
191	436 H	230 H	261 H	226 H
ER	HML	HML	HML	HML

0-225 U/L

CK (CREATINE KINASE)
CREATINE KINASE (CK)

0512	0440	0545	0451	0441
114	63	31	47	LT20
HML	HML	HML	HML	HML

0-225 U/L

CK (CREATINE KINASE)
CREATINE KINASE (CK)

0535	0557	0507	0422	0440
LT20	213	195	47	37
HML	HML	HML	HML	HML

0-225 U/L

CK (CREATINE KINASE)
CREATINE KINASE (CK)

1157	0543
39	LT20
HML	HML

0-225 U/L

** CONTINUED ON NEXT PAGE **

DEPT OF RADIOLOGY

ACCT NO: _____

EXAM TYPED: 09:54:27 ON

1996

FEMALE 014 YR(S)
ROOM: _____

MDR NO : _____

DR. _____

EXAM: _____

HEAD W/OUT CONTRAST

EXAM DONE: _____

96

CLINICAL HISTORY:

The study was performed on an emergent basis and the results immediately faxed to the Emergency Department at approximately 0350 hours.

Axial images through the head were obtained without IV contrast and photographed in brain and bone windows.

The sulci, ventricles and basilar cisterns are normal in size and configuration. There is no evidence of intra or extra-axial hemorrhage or mass lesion. No mass effector midline shift is appreciated. Evaluation of the posterior fossa is slightly limited by typical streak artifact from adjacent cortical bone. There is opacification of the right maxillary sinus and mild mucosal prominence within the ethmoid air cells. The visible bony structures are intact.

CONCLUSION:

No evidence of acute intracranial pathology.

Opacification of right maxillary sinus and mild mucosal thickening in the ethmoid air cells.

M.D.

BEST AVAILABLE

ACCT NO: _____ EXAM TYPED: 10:03:39 ON 1996 FILE NO: _____
MDR NO: _____ DR: _____ FEMALE 014 YR(S)
ROOM: _____
EXAM: _____ ABDOMEN WITH CONTRAST EXAM ONE 96

CLINICAL HISTORY: MVA.

Axial images through the abdomen were obtained helically from the diaphragms through the iliac crest after administration of oral and IV contrast.

There is patchy density at the posterior right lung base which may represent pneumonia or pulmonary contusion. No basilar pneumothorax is identified. The liver and spleen are grossly normal in size, contour and density. No focal laceration or contusion is appreciated. The gallbladder, pancreas and adrenal glands are normal in configuration. The kidneys are normal in size and contour and demonstrate symmetric enhancement and excretion. There is a small amount of fluid in the perinephric space surrounding the lower pole of the left kidney and a small amount of free intraperitoneal fluid in the left pericolic gutter. No definite pneumoperitoneum is identified, however the crowding of bowel loops limits the sensitivity of the examination to small amount of free intraperitoneal air. Incidentally noted is what appears to represent a small duplicated left inferior vena cava.

CONCLUSION:

Small amount of fluid in left perinephric space and in left pericolic gutter.

Small duplicated left inferior vena cava.

CT PELVIS WITH CONTRAST:

Axial images were obtained helically through the pelvis from the iliac crests through the ischial tuberosities after administration of oral and IV contrast.

A Foley catheter is noted in the collapsed urinary bladder. A large amount of non-opacified bowel loops crowd the pelvis. There is suggestion of a small amount of free pelvic fluid. No definite pneumoperitoneum is identified, however. Again small amounts of free intraperitoneal air would be difficult to exclude. The visible bony structures are intact.

CONCLUSION:

Small amount of free intraperitoneal fluid in lower left pericolic gutter and within pelvis.

M.D.

EX2

ACCT NO: [REDACTED] 1996 FILE NO: [REDACTED]
[REDACTED] DR. [REDACTED] FEMALE 014 YR(S)
EXAM: SPINE CERVICAL EXAM DONE [REDACTED]

CLINICAL HISTORY: MVA.

3 mm axial images through the cervical spine were obtained from C5 through C7 and photographed in bone windows.

There is a vertical fracture extending through the posterior cortex of the C6 vertebral body in roughly sagittal plane. This is associated with a fracture through the right lateral mass/lamina. No significant bony displacement or central stenosis is identified. The remaining bony structures are intact. An nasogastric tube is noted anterior to the cervical spine.

CONCLUSION:

Non-displaced fracture of C6 vertebral body and right lateral mass/lamina.

M.D.

EX3

DEPT OF RADIOLOGY

ACCT NO: [REDACTED] EXAM: 08:45:57 ON 199 [REDACTED]
[REDACTED] DR. [REDACTED] FEMALE 014 YR(S)
EXAM: LATERAL VIEW L SPINE -PORT [REDACTED]

CLINICAL HISTORY: Trauma.

A lateral view of the lumbar spine shows normal alignment of the vertebral bodies and the interspaces are well maintained. No evidence of fracture, dislocation or other abnormality seen.

CONCLUSION:

Negative lateral view of the lumbar spine.

M.D.

EX4

BEST AVAILABLE

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPE: 08:46:29 ON

1996 FILE NO:

MDR NO :

DR.

EXAM: 08:46:29 YR(S)
ROOM:

EXAM:

ONE VIEW D SPINE -PORT

EXAM DONE: 96

CLINICAL HISTORY: Trauma.

A lateral view of the dorsal spine reveals the vertebral bodies and interspaces to be well maintained and aligned and I see no evidence of fracture, dislocation or other abnormality.

CONCLUSION:

Negative lateral view of the dorsal spine.

M.D.

Ex 5

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPE: 08:49:12 ON

1996 FILE NO:

YOUNG,

MDR NO :

DR.

EXAM:

EXAM DONE:

EXAM:

*-PO

EXAM DONE:

CLINICAL HISTORY: Trauma.

A portable AP film of the pelvis reveals the bone, joints and soft tissues visualized to be within normal limits.

CONCLUSION:

Negative pelvis.

M.D.

Ex 6

DEPT OF RADIOLOGY

ACCT NO: [REDACTED]

TYPED: 08:47:03 ON

1996 FILE NO: [REDACTED]

MDR NO :

EXAM: CHEST 1 VIEW

-PORT

EXAM DONE: [REDACTED]

CLINICAL HISTORY: Trauma.

The cardiomediastinal silhouette and pulmonary vascularity appear normal for a portable AP projection. The lung fields are clear. No bony abnormalities are seen.

CONCLUSION:

Negative portable AP view of the chest.

M.D.

EX 7

DEPT OF RADIOLOGY

ACCT NO: [REDACTED]

1996 FILE NO: [REDACTED]

PATIENT:

DR. [REDACTED]

FEMALE 014 YR(S)

EXAM:

YSTOGRAM

-PORT

EXAM DONE: [REDACTED]

CLINICAL HISTORY: Trauma.

The urinary bladder is normal in size, shape, and configuration. Contrast material is noted within each ureter. The post-drainage film demonstrates no evidence of contrast extravasation. The adjacent bony structures appear intact.

M.D.

EX 8

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 08:47:59 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 61 YR(S)
ROOM:

EXAM:

CHEST 1 VIEW

-PORT

EXAM DONE:

96

CLINICAL HISTORY: Trauma.

The cardiomediastinal silhouette and pulmonary vascularity appear normal for a portable AP projection. The nasogastric tube is in good position. The lung fields are clear. No bony abnormalities are seen.

CONCLUSION:

Negative portable AP view of the chest.

M.D.

EX9

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 08:20:00 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 61 YR(S)
ROOM:

EXAM:

ONE VIEW C SPINE

-PORT

EXAM DONE:

96

The examination was performed at 0820 hours on 9/2/96.

The previously described compression fracture of C6 is again noted. Mild gibbus deformity is noted at this level. This level is otherwise unremarkable in appearance. No definite soft tissue abnormalities are noted.

M.D.

PX1

DEPT OF RADIOLOGY

ACCT NO: [REDACTED] EXAM TYPED: 08:19:50 ON [REDACTED] 1996 FILE NO: [REDACTED]
MDR NO : [REDACTED] DR. [REDACTED] FEMALE 014 YR(S)
EXAM: [REDACTED] ONE VIEW C SPINE -PORT EXAM DONE: [REDACTED] 96

The examination was performed at 0828 hours on [REDACTED] 96.

The previously described compression fracture of C6 is again noted.

Mild gibbus deformity is noted at this level. This level is otherwise unremarkable in appearance. No definite soft tissue abnormalities are noted.

M.D.

PX2

DEPT OF RADIOLOGY

ACCT NO: [REDACTED] EXAM TYPED: 08:25:41 ON [REDACTED] 1996 FILE NO: [REDACTED]
MDR NO : [REDACTED] DR. [REDACTED] FEMALE 014 YR(S)
EXAM: [REDACTED] ONE VIEW C SPINE -PORT EXAM DONE: [REDACTED] 96

The examination was performed at 1500 hours on [REDACTED] 96.

The previously described compression fracture of C6 is again noted. Mild gibbus deformity is noted at this level. This level is otherwise unremarkable in appearance. No definite soft tissue abnormalities are noted.

M.D.

PX3

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 08:54:06 ON

1996

FILE NO:

MDR NO :

DR.

FEMALE 14 YR(S)

ROOM:

EXAM:

CERVICAL SPINE COMPLETE-P

EXAM DONE:

96

CLINICAL HISTORY: Trauma.

Evidence of compression fracture is noted of C6. Longitudinal fracture is noted of the C6 vertebral body with resultant gibbus deformity being noted at the fracture site. The odontoid process appears within normal limits.

No other significant findings are noted.

M.D.

PX4

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 08:14:42 ON

1996

FILE NO:

MDR NO :

DR.

FEMALE 14 YR(S)

ROOM:

EXAM:

ONE VIEW C SPINE

-PORT

EXAM DONE:

96

The examination was performed at 0530 hours.

The previously described compression fracture of C6 is again noted. Mild gibbus deformity is noted at this level. This level is otherwise unremarkable in appearance. No definite soft tissue abnormalities are noted.

M.D.

PX5

DEPT. OF RADIOLOGY

ACCT NO: EXAM TYPED: 13:56:52 ON 1996 FILE NO
MDR NO DR. FEMALE 014 YR(S)
ROOM:
EXAM: CHEST 1 VIEW W/DUPLICATE EXAM DONE: 96

CLINICAL HISTORY: Fracture of C6-7.

An AP portable supine view of the chest on 96 at 0600 hours is compared with an earlier film of 96.

An overlying radiopaque band obscures some of the mid chest. A suggestion of some mild vascular congestion is raised although the supine position may contribute to this appearance. No confluent infiltrates are seen. The cardiac silhouette is within normal limits in size and contour. A nasogastric tube is in place with its distal end in the region of the stomach, the tip is cut off of the lower aspect of the film. No significant bony or soft tissue abnormalities are seen elsewhere. The costophrenic angles are sharp.

CONCLUSION:

Questionable mild vascular congestion versus secondary to supine position.

Otherwise, no acute cardiopulmonary disease seen at the present time.

Nasogastric tube in place, distal end in the region of the stomach, the tip is cut off of the film.

M.D.

Py1
FRI 10 10 1996

ACCT NO: EXAM TYPED: 20:48:44 ON 1996 FILE NO:
MDR NO: DR.: FEMALE 014 YR(S)
ROOM:
EXAM: MRI-CERV. SPINE EXAM DONE: 96

CLINICAL HISTORY: C5 fracture-dislocation of the cervical spine suffered in a motor vehicle accident on 96. Magnetic resonance imaging is requested for further evaluation.

FINDINGS:

Comparison is made with multiple plain radiographs of the cervical spine and with portions of a computed tomography examination of the cervical spine performed on 96 (only images of the C6 and C7 levels of the lower cervical spine on the prior computed tomography examination study can currently be found for comparison). There is no evidence of a change in the bony appearance of the cervical spine in comparison with the prior studies. Mild anterior subluxation of C5 on C6 has been reduced since the prior studies. There is mild persistent twelve degree focal kyphosis of the cervical spine at this level. A nondisplaced fracture of the lateral aspect of the right C6 facet is also faintly visualized. No inward displacement of fracture fragments into the central spinal canal is observed. ←

There is mild narrowing of the central spinal canal between the C5-6 and C6-7 levels (10 mm). The cerebral spinal fluid is effaced both anteriorly and posteriorly at these levels, but there is no significant direct compression of the spinal cord at these levels. Minimal generalized posterior annular bulging at both of these levels is noted, but no frank disc herniation is seen.

There is swelling of the spinal cord between the lower C5 and upper C7 levels and the spinal cord measures 10 x 15 mm in transverse diameter at the C6-7 level in comparison with 8 x 12 mm in diameter at the C5 level and 7 x 11 mm in diameter at the T1 level. There is mixed increased T2 weighted signal throughout the area of cord swelling and there is a lesser degree of mixed increased T1 weighted signal in this region which suggests probable hemorrhagic contusion to the spinal cord.

CONCLUSION:

C6 vertebral body fracture with interval reduction of C5-6 subluxation. The central spinal canal remains mildly narrowed in anteroposterior diameter to 10 mm between C5-6 and C6-7 but there is no significant direct compression of the spinal cord. There is significant spinal cord swelling and edema and a small amount of intracord hemorrhage is believed to be present in this region.

Nondisplaced fracture of the C6 right lamina. ←

ACCT NO

XRAY TYPED: 10:28:31 ON

1996 FILE NO

MDR NO :

DR.

FEMALE 014 YR 10
ROOM 2

EXAM:

CT ABDOMEN WITH CONTRAST

EXAM DONE:

CLINICAL HISTORY: Abdominal pain and distention / paralysis secondary to cervical fracture. The study is performed to evaluate for abscess.

CONTRAST: 125 cc's of Optiray 320.

Images from the dome of the liver to the iliac crests were obtained following oral and intravenous contrast enhancement. There is some bibasilar subsegmental atelectasis. The liver and spleen are normal. There is a small amount of free fluid along the inferior margin of the right lobe of the liver and in the right paracolic gutter region. The kidneys are normal. The pancreas is normal. No retroperitoneal mass is seen. There is no evidence of an abscess.

CONCLUSION:

Small amount of ascites in the right infrahepatic region and right paracolic gutter region.

Subsegmental atelectasis at both lung bases.

No evidence of intra-abdominal abscess.

CT PELVIS WITH CONTRAST

CLINICAL HISTORY: Abdominal pain and distention.

Images from the iliac crests to the pubic symphysis were obtained following oral and intravenous contrast enhancement.

There is a large amount of free fluid in the pelvis. No free air or abscess is seen.

CONCLUSION:

Very large amount of free pelvic fluid. No evidence of free air or abscess.

M.D.

AUCY NO:

EXAM TYPED: 15:24:21 ON

EXAM NAME:

MIR NO:

DR.

FEMALE 014 YRS

EXAM:

CHEST 1 VIEW

-PORT

EXAM DONE:

15:24

CLINICAL HISTORY: Fracture of C6 and C7.

Rather diffuse bilateral infiltrates are present. Nasogastric tube is seen extending into the area of the stomach. Endotracheal tube is present with the tip at the level of the clavicles. Left subclavian central line is present with tip at the atriocaval junction. No pneumothorax is seen.

CONCLUSION:

Diffuse bilateral infiltrates as discussed above.

Lines and tubes in satisfactory position.

N.D.

Px9

DEPT OF RADIOLOGY

AUCY NO:

EXAM TYPED: 15:37:57 ON

1996

FILE NO:

MIR NO:

DR.

FEMALE 014 YRS

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

96

CLINICAL HISTORY: Trauma.

Film is labeled 1710 hours. It is compared with prior examination on 1/96 at 1505 hours. Bilateral infiltrates appear largely unchanged. Lines and tubes are unchanged in position as well. No pneumothorax is seen.

CONCLUSION:

Stable appearance of the chest from previous examination.

N.D.

Px10

ACCT NO: [REDACTED] TYPED: 10:33:46 ON [REDACTED] NO: [REDACTED]
 MR NO: [REDACTED] DR. [REDACTED] FEMALE 67 YRS (S)
 EXAM: L OBL VIEW C SPINE -PORT EXAM LINE: 96

CLINICAL HISTORY: C6-7 fracture.

Portable cross-table lateral view [REDACTED] obtained on 96 at 0600 hours. It is compared to the previous study of 96.

The patient is in a halo stabilization device. There has been a fracture of C6 and there is approximately 3 mm anterior subluxation of C5 on C6. There is mild compression of C6 and there appears to be alteration of the C6-7 facet joint which may be related to fractures of C6 lateral masses. The exam is not significantly changed from the prior study.

CONCLUSION:

No significant change in the appearance of the fractures or cervical vertebral alignment compared to the prior study.

M.D. [REDACTED]

DEPT OF RADIOLOGY

ACCT NO: [REDACTED] EXAM: [REDACTED] NO: [REDACTED]
 MR NO: [REDACTED] DR. [REDACTED] 67 YRS (S)
 EXAM: CHEST 1 VIEW W/BLURTCATE EXAM LINE: 96

Portable study was performed at 0600 hours.

CLINICAL HISTORY: Trauma.

This study is compared to the prior exam of 96. Lines and tubes are unchanged in position. Surgical drain is noted in the right upper quadrant. Bilateral infiltrates appear improved over all from the previous examination. No pneumothorax is seen. Endotracheal tube, nasogastric tube, and central line are unchanged in position.

CONCLUSION:

Slightly improved infiltrates bilaterally. Exam is otherwise stable.

M.D. [REDACTED]

PX 12

ACCT NO:

EXAM TYPE: 10:29:24 ON

1996 FILE NO:

MR NO:

IR.

FEMALE 014 YR(S)
RIGHT

EXAM:

CHEST 1 VIEW W/IMPLICATION

EXAM DONE:

76

CLINICAL HISTORY: Cervical fracture.

Portable view of the chest dated 96 at 0200 hours is compared to the study done yesterday. Endotracheal tube, left subclavian and central venous catheter remain in place. The nasogastric tube has been removed. Tubes are projected over the right upper abdomen, but I believe the lungs are clear and expanded.

CONCLUSION:

Except for removal of the nasogastric tube there has been little change since the film done yesterday.

PX13

M.D.

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPE: 10:29:24 ON

1996 FILE NO:

FEMALE 014 YR(S)

EXAM:

CHEST 1 VIEW W/IMPLICATION

EXAM DONE:

76

CLINICAL HISTORY: Trauma / fractured C6-7.

An AP portable supine view of the chest done 96 at 0600 hours is compared with the patient's previous study of 96.

The patient's endotracheal tube has been slight retracted with the tip at the level of T2. A left subclavian central line remains in place, tip at the distal superior vena cava. No interval developed infiltrates are seen. Some minimal congestion is suggested. The cardiac silhouette is stable in size and contour. No new bony or soft tissue abnormalities are seen. Apparent drain versus external tubing overlies the right abdomen. Overall, I do not see a significant radiographic change since 96.

Endotracheal tube tip, slightly retracted now at the level of T2; other tubes in position as described above.

Otherwise, radiographically stable since 96.

M.D.

PX14

ADCT NO: EXAM TYPED: 131471 US ON 1996 FILE NO:
 MR NO: FEMALE 014 YR(S)
 EXAM: ONE VIEW SPINE -PORT EXAM DONE: 96

CLINICAL HISTORY: Fracture of C6.

Single portable lateral view of the cervical spine done 96. 0600 hours is compared with the patient's earlier study of 96. The mild wedge compression of the C6 vertebral body is associated with an approximately 2 mm anterolisthesis of C5 on C6 with associated mild kyphotic curvature. The degree of anterolisthesis appears slightly improved as compared to the 96 study. No new bony or soft tissue findings are seen elsewhere. Tracheostomy tube is in place in the prevertebral soft tissues.

CONCLUSION:

Mild wedge compression of the C6 vertebral body is associated with an approximately 2 mm anterolisthesis of C5 on 6 and associated mild kyphotic angulation—slightly improved since 96.

M.D.

PX15

DEPT RADIOLOGY

ADCT NO: EXAM TYPED: 17109105 ON 1996 FILE NO:
 MR NO: DR. FEMALE 014 YR(S)
 EXAM: CHEST 1 VIEW -PORT EXAM DONE: 96

CLINICAL HISTORY: Possible pneumonia.

Tracheostomy tube is in good position. Tip of the left-sided subclavian line lies within the superior vena cava. The heart is normal in size and the lungs are clear.

M.D.

PX16

BEST AVAILABLE

ACCT NO:

EXAM TYPED: 15:16:55 ON

1996

FILE NO:

MR NO :

DR.

FEMALE 014 YR(S)
ROOM:

EXAM:

CERVICAL SPINE 2 VIEWS: PO

EXAM DONE:

96

CLINICAL HISTORY: Multiple trauma.

Single lateral view of the cervical spine was obtained at 0730 hours.

96

The previously described compression fracture of C6 is again noted. Minimal 1-2 mm retrolisthesis is noted of C6 in relation to both C5 and C7.

The facet joints appear within normal limits.

No definite soft tissue abnormalities are noted.

The study is otherwise unremarkable.

M.U.

1017

ACCT NO:

EXAM TYPED: 09:40:12 ON

1996 FILE NO:

MR NO :

DR.

014 YRS

EXAM:

CHEST 1 VIEW W/30% DATE

EXAM DONE:

96

CLINICAL HISTORY: Fracture C6-7.

A follow up AP portable supine view of the chest done 96 at 0730 hours is compared with the patient's previous study of 96.

The left subclavian central venous catheter is in place with the tip in the distal superior vena cava; unchanged in position. A tracheostomy tube remains in satisfactory position with the tip in the mid trachea at the clavicular level. Some mild parenchymal infiltrates suggesting some mild vascular congestion remains stable. No new infiltrates are seen. The cardiac silhouette is stable in size and contour. No new bony or soft tissue abnormalities are identified. The lateral costophrenic angles are sharp. Overall, I do not see a significant radiographic change since 96.

CONCLUSION:

Radiographically stable without significant change since 96.

PX18

M.D.

DEPT RADIOLOGY

ACCT NO:

EXAM TYPED: 16:50:21 ON

1996 FILE NO:

YOUNG, J

MR NO :

DR.

014 YRS

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

96

CLINICAL HISTORY: Trauma V ventilator dependent.

AP film at 0630 hours is compared to a prior study dated 96.

Tracheostomy tube is in satisfactory position. Left subclavian line tip is in the upper right atrium. Heart size is within normal limits. Lungs are clear. Cardiac silhouette is unremarkable.

CONCLUSION:

Negative examination without change from 96.

M.D.

PX19

ACCT NO:

EXAM TYPE: 10:09:01 ON

1996

FILE NO:

MR NO:

DR.

FEMALE 014 YRS

ROOM:

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

96

Portable view of the chest obtained on 96 at 0600 hours.

CLINICAL HISTORY: Cervical fracture.

A tracheostomy cannula is in place. The left subclavian line is situated with its tip near the junction of the superior vena cava and right atrium. The cardiomeastinal silhouette is stable. Lungs are satisfactorily aerated with no consolidation seen. No effusion or pneumothorax.

CONCLUSION:

No detrimental change.

M.D.

PX20

ACCT NO:

EXAM TYPE: 10:09:01 ON

1996

FILE NO:

MR NO:

DR.

FEMALE 014 YRS

ROOM:

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

96

CLINICAL HISTORY: C6-7 Fracture.

Comparison is made to the previous film from 96. The tracheostomy tube is unchanged in position with the tip at the T3-4 level. The central venous catheter is unchanged in position with the tip in the lower superior vena cava. The heart and pulmonary vascularity appear normal. The lung fields are well expanded and clear.

CONCLUSION:

No evidence of acute cardiopulmonary disease; no change since 96.

M.D.

PX21

DEPT OF RADIOLOGY

ACCT NO: _____

EXAM TYPED: 09:06:18 ON _____

1996 _____

MR NO: _____

DR. _____

FEMALE 014 YR(S)
ROOM: _____

EXAM: _____

KIDNEY URINARY BLADDER-PO

EXAM DONE; _____

96

CLINICAL HISTORY: MULTIPLE TRAUMA.

PATIENT IS IN CERVICAL TRACTION IN A ROTATING STRYKER BED. PATIENT HAS A GASTROSTOMY AND A JEJUNOSTOMY. APPROXIMATELY 4 TO 6 OZ. OF GASTROGRAFIN WAS INSTILLED THROUGH THE GASTROSTOMY TUBE BY THE PATIENT'S NURSE. INITIAL FILMS OBTAINED FOR APPROXIMATELY 1 HOUR FOLLOWING THE ADMINISTRATION OF CONTRAST REVEALED THAT THE CONTRAST REMAINED WITHIN THE GASTRIC FUNDUS. THE PATIENT'S BED WAS THEN PUT TO MOTION ROCKING FROM SIDE TO SIDE. SUBSEQUENT FILMS OBTAINED 1 HOUR AND 2 HOURS LATER DEMONSTRATE THAT CONTRAST DOES FLOW INTO THE DUODENUM IN SMALL QUANTITIES. MAJORITY OF THE CONTRAST REMAINS POOLED IN THE STOMACH. THERE IS NO GROSS LEAK DEMONSTRATED. MULTIPLE SURGICAL CLIPS AND DRAINS ARE NOTED. FEMORAL CATHETER IS NOTED.

CONCLUSION:

LIMITED STUDY AS NECESSITATED BY PATIENT'S CONDITION DEMONSTRATES THAT CONTRAST DOES FLOW INTO THE SMALL BOWEL WITHOUT EVIDENCE OF GROSS EXTRAVASATION. HOWEVER, CONTRAST REMAINS IN THE STOMACH AND ON THE MULTIPLE IMAGES THAT WERE OBTAINED, STOMACH MAINTAINS THE SAME APPEARANCE CONSISTENT WITH LACK OF PERISTALSIS. REPORT AND FINDINGS DISCUSSED WITH THE PATIENT'S NURSE AT THE TIME OF INTERPRETATION.

M.D.

PX22

DEPT RADIOLOGY

ADCT NO: EXAM TYPED: 13:11:01 ON 1996 FILE NO:
MUR NO: DR. FEMALE 014 YR(S)
ROOM:
EXAM: FIRST 13:11:01/DUPLICATE EXAM DONE: 96

CLINICAL HISTORY: Trauma/v. status post dependent patient.

AP Port: 13:11:01 at 0600 hours is compared to the prior study dated 1/96.

Tracheostomy tube remains in satisfactory position as well as the left subclavian line. Otherwise no significant change.

CONCLUSION:

No significant change.

M.D.

PX23

DEPT OF RADIOLOGY

ADCT NO: EXAM TYPED: 02:10:07 ON 1996 FILE NO:
MUR NO: DR. FEMALE 014 YR(S)
ROOM:
EXAM: KIDNEY URINARY BLADDER PO EXAM DONE: 96

CLINICAL HISTORY: Patient is status post bowel surgery for traumatic perforation.

Earlier in the day, contrast had been injected through the patient's gastrostomy tube with sequential imaging performed. Just prior to this film, one of the patient's jejunostomy tubes was injected. This demonstrates better opacification of the small bowel. There were some patches of contrast into the second jejunostomy tube following injection of the first. There is no evidence of gross extravasation. No dilated loops of small bowel demonstrated. Gas is noted in the colon as well. The jejunostomy anastomotic site is still however not well demonstrated.

CONCLUSION:

No evidence of contrast extravasation. No evidence of obstruction. Findings discussed with at the time of interpretation on 96 at 1725 hours.

M.D.

PX24

ACCT NO:

1996 FILE NO:

FEMALE 014 YRS

MIDN:

EXAM: CHEST 1 VIEW W/DUPLICATE

EXAM DATE: 96

CLINICAL HISTORY: Fractured C6 and C7.

Single portable view of the chest is labeled 1000 hours. It is compared to the prior exam dated 96.

Tracheostomy tube is present with the tip at the level of the clavicles. Bilateral infiltrates are present. There is vascular congestion present as well. When compared with the previous examination the patient's vascular congestion and perihilar infiltrates appear increased overall. There is atelectasis or infiltrate in the left base laterally as well.

CONCLUSION:

Increased vascular congestion and bilateral perihilar infiltrates from the previous study.

Increased atelectasis or infiltrate left base as well.

Tracheostomy tube in satisfactory position.

PX25

M.D.

DEPT RADIOLOGY

ACCT NO:

EXAM TYPED: 11:02:33 PM

1996 FILE NO:

MIDN NO:

MIDN:

EXAM: CHEST 1 VIEW W/DUPLICATE

EXAM DATE: 96

CLINICAL HISTORY: Trauma / ventilator dependent.

AP portable film at 0525 hours is compared to prior study dated 96.

Tracheostomy tube is in satisfactory position. Bilateral infiltrates are represent without significant difference from the prior study.

CONCLUSION:

No significant change.

M.D.

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 10:27:12 ON

EXAM NO:

MDR NO:

DR.

FEMALE, 014 YR(S)
ROOM:

EXAM:

ONE VIEW C SPINE -PORT

EXAM DONE: 96

EXAM DATED 96 AT 0600 HOURS SHOWS A COMPRESSION FRACTURE OF THE C6 VERTEBRAL BODY WITH A REVERSED CURVATURE OF THE CERVICAL SPINE AND A SLIGHT ANTERIOR SUBLUXATION OF C5 ON C6. THIS IS UNCHANGED FROM A DESCRIPTION OF PREVIOUS EXAMS. THE EXAM WAS TAKEN IN TONGS. NO OTHER ABNORMALITY IS SEEN.

CONCLUSION:

FRACTURE SUBLUXATION AT C5-6. NO DEFINITE CHANGE FROM PRIOR STUDY.

M.D.

PX27

ACCT NO:

EXAM TYPED: 10:52:32 ON

EXAM NO:

MDR NO:

DR.

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

CLINICAL HISTORY: Trauma/ventilator dependent.

AP portable film at 0600 hours is compared to the prior study dated 96.

Tracheostomy tube remains in satisfactory position. Bilateral infiltrates are present without significant difference from the prior study.

CONCLUSION:

No significant interval change.

M.D.

PX28

DEPT RADIOLOGY

ACCT NO:

EXAM TYPE: 14:24:50 ON

1996 FILE NO:

MDR NO:

DR.

ROOM:

014 YR(S)

EXAM:

ABDOMEN 1 VIEW

*-PO

EXAM DONE:

9/6

CLINICAL HISTORY: tube placement.

Tubes are seen overlying the right upper quadrant. Surgical clips and sutures are seen in the mid abdomen. There is a tube within the small bowel within the mid abdomen. Contrast has evidently been injected through the tube and the loops of small bowel which are visualized appear normal. There is some contrast in the rectum. I am uncertain as to whether this was present prior to injection of contrast into the small bowel. If there was no contrast in the rectum then a fistula would be suggested.

M.D.

EX-29

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPE: 15:00:12 ON

1996

FILE NO:

MDR NO:

DR.

FEMALE 014 YR(S)

ROOM:

EXAM:

ONE VIEW C SPINE

-PORT

EXAM DONE:

EXAM ON 96. AT 0950 HOURS IS COMPARED TO A PRIOR STUDY DATED 7/23/96

AVULSED APOPHYSIS AT C6 WITH A SLIGHT ANTERIOR SUBLUXATION OF C5 ON C6 IS ESSENTIALLY UNCHANGED FROM THE EARLIER STUDY. SPINOUS PROCESSES APPEAR INTACT DOWN TO C6. NO OTHER INTERVAL CHANGE.

CONCLUSION:

SLIGHT ANTERIOR SUBLUXATION OF C5 ON C6 IS UNCHANGED FROM PREVIOUS STUDY. NO OTHER INTERVAL CHANGE.

M.D.

EX-30

PX 30

ACCT NO: EXAM TYPED: 15:14:51 ON 1996 FILE NO:
MDR NO : DR. FEMALE 014 YR(S)
EXAM: KIDNEY URINARY BLADDER-PO EXAM DONE: 96

CLINICAL HISTORY: J-TUBE PLACEMENT WITH CONTRAST.

A SYRINGE FULL OF CONTRAST IS SEEN WITH A TUBE EXTENDING FROM THE SYRINGE INTO THE SMALL BOWEL. CONTRAST OPACIFIES THE SMALL BOWEL AND ACTUALLY REACHES THE COLON BY THE TIME OF THIS EXAM. THE LOWER PORTION OF THE ABDOMEN IS NOT INCLUDED IN THE FIELD OF VIEW. MULTIPLE SURGICAL CLIPS MID ABDOMEN.

CONCLUSION:

DISTAL SMALL BOWEL AND COLON OPACIFIED BY CONTRAST FROM THE INJECTION THROUGH THE J-TUBE.

M.D.

PX31

DEPT OF RADIOLOGY

ACCT NO: EXAM TYPED: 10:31:16 ON 1996 FILE NO:
MDR NO : DR. FEMALE 014 YR(S)
EXAM: ONE VIEW C SPINE -PORT EXAM DONE: 96

EXAM ON 96 AT 0600 HOURS SHOWS A COMPRESSION FRACTURE OF THE C6 VERTEBRAL BODY WITH A SLIGHT ANTERIOR SUBLUXATION OF C5 ON C6. THE DEGREE OF SUBLUXATION DOES NOT APPEAR CHANGED FROM THE LAST EXAM ON 96. MILD REVERSED CURVATURE IS UNCHANGED.

CONCLUSION:

FRACTURE AND SUBLUXATION AT C5-6 IS UNCHANGED FROM THE LAST EXAM ON 96.

M.D.

PX32

ACCT NO:

1996 FILE NO:

FEMALE 014 YR(S)
ROOM:

EXAM:

CHEST 1 VIEW W/ DUPLICATE

EXAM DONE:

96

CLINICAL HISTORY: CERVICAL FRACTURE; FOLLOW UP CARDIOPULMONARY STATUS.

MILD DIFFUSE INCREASED MARKINGS SUSPICIOUS FOR MILD PULMONARY EDEMA NOTED. THERE IS NO PLEURAL EFFUSION. TRACHEOSTOMY TUBE IS IN PLACE. BRACE FOR CERVICAL HALO PROJECTS OVER THE LUNG FIELDS. EKG LEADS ARE NOTED.

CONCLUSION:

INCREASED MARKINGS SUSPICIOUS FOR MILD PULMONARY EDEMA NOTED.

M.D.

PX33

ACCT NO:

EXAM TYPED: 15:07:23 ON

1996

FILE NO:

MR NO

DR.

FEMALE 014 YR(S)
ROOM:

EXAM:

ONE VIEW C SPINE

EXAM DONE:

96

CLINICAL HISTORY: FRACTURE OF THE C6 VERTEBRA.

COMPARISON IS MADE WITH A PREVIOUS STUDY DONE 96. THERE APPEARS TO BE SLIGHTLY GREATER POSTERIOR SUBLUXATION OF C6 ON TODAY'S STUDY WITH SOME ENCROACHMENT ON THE NEURAL CANAL. THERE IS SOME LOSS OF HEIGHT OF THE C6 VERTEBRAL BODY ASSOCIATED WITH THE FRACTURE.

CONCLUSION:

FRACTURE OF C6 WITH ABOUT 3 MM RETROPULSION OF THE POSTERIOR MARGIN OF C6 INTO THE NEURAL CANAL. THE RETROPULSION APPEARS TO BE SLIGHTLY INCREASED AS COMPARED TO 96.

M.D.

PX34

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPE: 10:19:43 ON

1976 FILE NO:

MDR NO :

DR.

FEMALE, 014 YR(S)
ROOM:

EXAM:

UPPER G.I. SERIES

EXAM DONE: 96

CLINICAL HISTORY: ABDOMINAL TRAUMA AND BOWEL PERFORATION.

AN UPPER GI EXAMINATION WAS REQUESTED TO EVALUATE THE AREA OF PREVIOUS INJURY. THE PATIENT TOOK A FEW SWALLOWS OF BARIUM ORALLY WHICH DEMONSTRATE A GROSSLY INTACT ESOPHAGUS. THIN BARIUM WAS THEN INJECTED THROUGH THE GASTROSTOMY TUBE DEMONSTRATING A GROSSLY INTACT STOMACH. POSITIONING OF THE PATIENT WAS EXTREMELY LIMITED DUE TO THE HALO DEVICE AND OTHER INJURIES. IN A RIGHT LATERAL DECUBITUS POSITION, GASTRIC EMPTYING PROCEEDS NORMALLY. I BELIEVE THERE MAY BE A SURGICAL ANASTOMOSIS AT THE LEVEL OF THE JUNCTION OF THE SECOND AND THIRD PORTIONS OF THE DUODENUM. THIS MAY REPRESENT A DUODENAL JEJUNOSTOMY. THE DUODENUM DOES NOT EXTEND UP TO THE LIGAMENT OF TREITZ REGION PRESUMABLY DUE TO THE SURGICAL PROCEDURE. BARIUM MOVES READILY INTO THE JEJUNUM. THERE IS EDEMA INVOLVING THE DESCENDING DUODENUM AND PROXIMAL JEJUNUM WITH PROMINENT FOLDS NOTED THROUGHOUT THIS REGION. NO EXTRAVASATION OF CONTRAST IS IDENTIFIED. NUMEROUS SURGICAL CLIPS ARE PRESENT IN THE REGION OF THE STOMACH AND DUODENUM. THERE MAY BE SOME MILD TETHERING OF SMALL BOWEL LOOPS WHICH COULD INDICATE SOME DEGREE OF MILD ADHESION FORMATION. AGAIN, NO DEFINITE OBSTRUCTION IS APPRECIATED AT THIS TIME.

CONCLUSION:

POST SURGICAL CHANGES INVOLVING THE DUODENUM AND JEJUNUM WITH A PROBABLE ANASTOMOTIC SITE NOTED AT THE LEVEL OF THE DESCENDING DUODENUM.

THERE IS EDEMA OF MUCOSAL FOLDS INVOLVING THE DUODENUM AND JEJUNUM WITHOUT EVIDENCE OF OBSTRUCTION. MILD TETHERING OF SOME SMALL BOWEL LOOPS IS APPRECIATED.

-1736-

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 10:42:06 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 014 YRS
ROOM:

EXAM:

LATERAL VIEW C SPINE

EXAM DONE:

96

CLINICAL HISTORY: CERVICAL FRACTURE.

THIS LATERAL VIEW OF THE CERVICAL SPINE WAS OBTAINED WITH A HALO DEVICE IN PLACE. A TRACHEOSTOMY CANNULA IS IN PLACE. A MILD WEDGE COMPRESSION FRACTURE OF C6 IS AGAIN SEEN WITH SLIGHT 2 MM ANTEROLISTHESIS OF C5 ON C6 NOTED. THERE IS SLIGHT KYPHOTIC ANGULATION AT C5-6. OVERALL, THE ALIGNMENT IS SIMILAR OR SLIGHTLY IMPROVED WHEN COMPARED WITH 96.

CONCLUSION:

NO DETRIMENTAL CHANGE.

M.D.

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 16:39:48 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 014 YRS
ROOM:

EXAM:

CHEST 1 VIEW W/DUPLICATE

EXAM DONE:

96

CLINICAL HISTORY: CERVICAL SPINE FRACTURE.

EXAMINATION ON 96 AT 0530 HOURS IS COMPARED TO PRIOR STUDY
DATED 96.

THE TRACHEOSTOMY HAS BEEN REMOVED. THERE IS MUCH BETTER AERATION OF THE LUNGS BILATERALLY WITH DECREASED VASCULAR CONGESTION AND EDEMA COMPARED TO THE PRIOR STUDY. PLEURAL MARGINS APPEAR UNREMARKABLE. THE CARDIOMEDIASTINAL SILHOUETTE IS UNREMARKABLE. REGIONAL SKELETON IS INTACT.

CONCLUSION:

LUNGS ARE CLEAR WITH NO EVIDENCE OF VASCULAR CONGESTION AS SEEN ON THE PREVIOUS EXAMINATION. NO OTHER CHANGE.

M.D.

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 11:52:10 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 014 YR(S)
ROOM:

EXAM:

ONE VIEW C SPINE -PORT

EXAM DONE:

06

10:15 A.M.

CLINICAL HISTORY: CERVICAL SPINE FRACTURE.

A LATERAL VIEW OF THE CERVICAL SPINE WAS OBTAINED AND COMPARED WITH THE PREVIOUS FILMS DATED '96 AND '96. THE FILM IS SLIGHTLY OVERPENETRATED. FRACTURE OF C6 VERTEBRAL BODY IS AGAIN NOTED. THERE IS SUBLUXATION OF C5 ON C6 WHICH MEASURES APPROXIMATELY 3 MM AND IS UNCHANGED.

CONCLUSION:

C6 FRACTURE AND C5-6 SUBLUXATION WITH NO SIGNIFICANT INTERVAL CHANGE.

M.D.

DEPT OF RADIOLOGY

ACCT NO:

EXAM TYPED: 11:47:24 ON

1996 FILE NO:

MDR NO :

DR.

FEMALE 014 YR(S)
ROOM:

EXAM:

ABDOMEN 1 VIEW

*-PO

EXAM DONE:

96

10:20 A.M.

CLINICAL HISTORY: CERVICAL SPINE FRACTURE.

AN AP VIEW OF THE ABDOMEN AND PELVIS WAS OBTAINED. THERE ARE SURGICAL CLIPS IN THE CENTRAL ABDOMEN. THERE IS A SMALL AMOUNT OF RESIDUAL BARIUM IN THE COLON AND RECTUM AND ALSO A SMALL AMOUNT IN THE SMALL BOWEL. THERE IS NO EVIDENCE OF BOWEL OBSTRUCTION.

CONCLUSION:

BOWEL GAS PATTERN IS UNREMARKABLE, WITH SOME RESIDUAL BARIUM IN THE GI TRACT (PRIMARILY THE COLON).

EVIDENCE OF PREVIOUS ABDOMINAL SURGERY.

M.D.

DEPT OF RADIOLOGY

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9621

3. Vehicle Number

01

4. Occupant Number

04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

15

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

168

Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ centimeters

8. Occupant's Weight

052

Code actual weight to the nearest
kilogram.

(999) Unknown

___ pounds X .4536 = ___ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

97

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): on floor behind

(25) On or in the lap of another occupant

DRIVERS seat

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

sitting on floor behind

(9) Unknown

driver's seat

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag

+

Deployment Impact

- 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 06
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

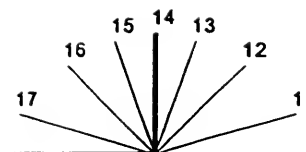
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 00
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 0
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 0
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 00

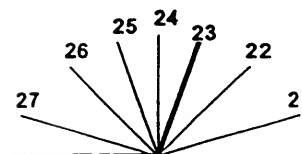
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

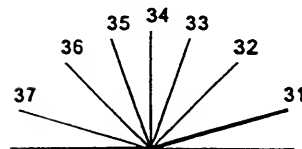
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 0

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 01

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE ENCLOSED PASSENGER IN MIDDLE ON LEFT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>04</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Contusions											
1st	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
	<u>7</u>	<u>9</u>	<u>9</u>	<u>04</u>	<u>00</u>	<u>1</u>	<u>9</u>	<u>160</u>	<u>2</u>	<u>1</u>	<u>00</u>
2nd	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.
	___	___	___	___	___	___	___	___	___	___	___
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
	___	___	___	___	___	___	___	___	___	___	___
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
	___	___	___	___	___	___	___	___	___	___	___
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
	___	___	___	___	___	___	___	___	___	___	___
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
	___	___	___	___	___	___	___	___	___	___	___
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
	___	___	___	___	___	___	___	___	___	___	___
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
	___	___	___	___	___	___	___	___	___	___	___
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
	___	___	___	___	___	___	___	___	___	___	___
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.
	___	___	___	___	___	___	___	___	___	___	___

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90				Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure								
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

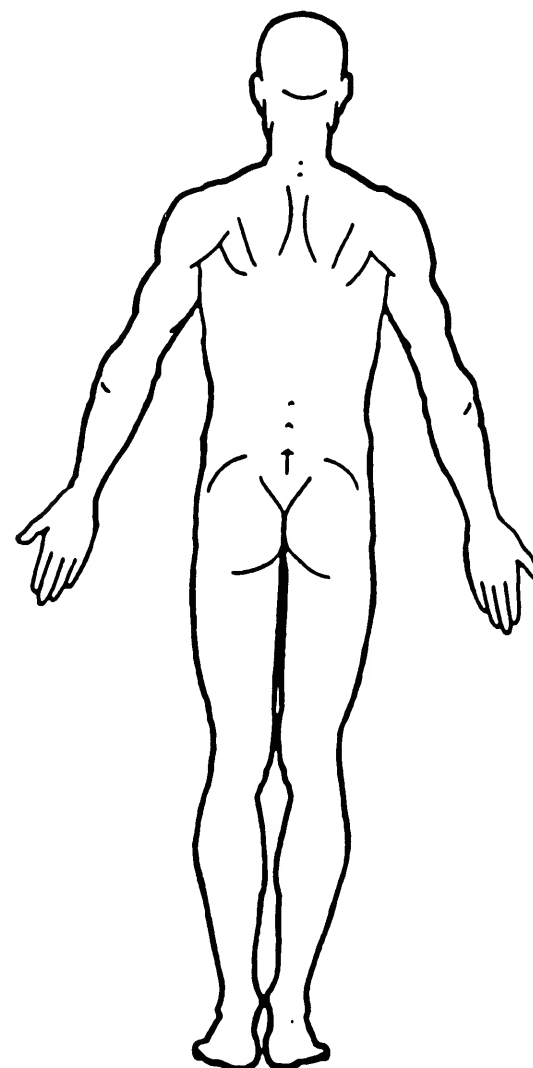
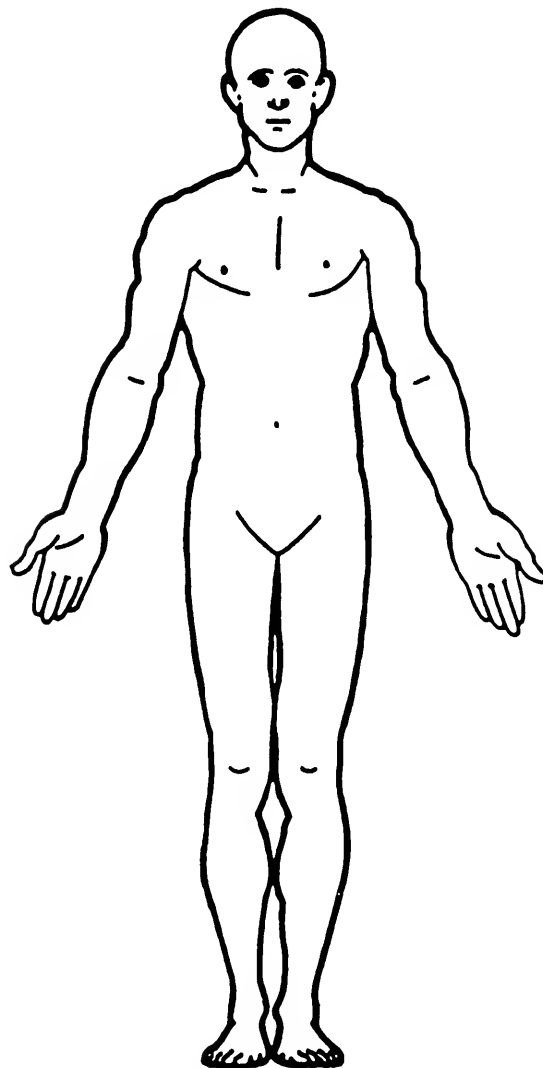
Arterial Blood Gases

pH = ____

PO₂ = ____

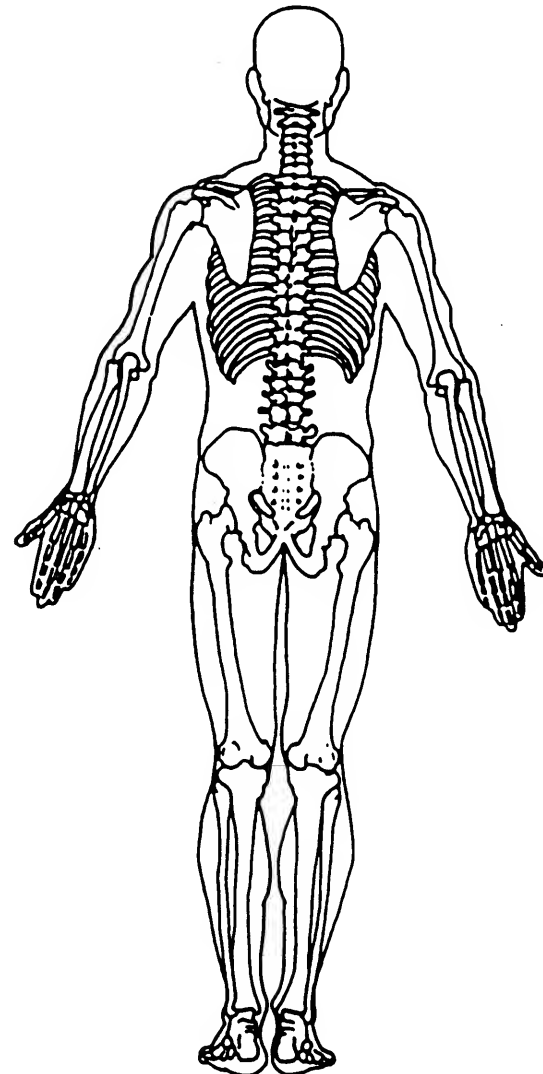
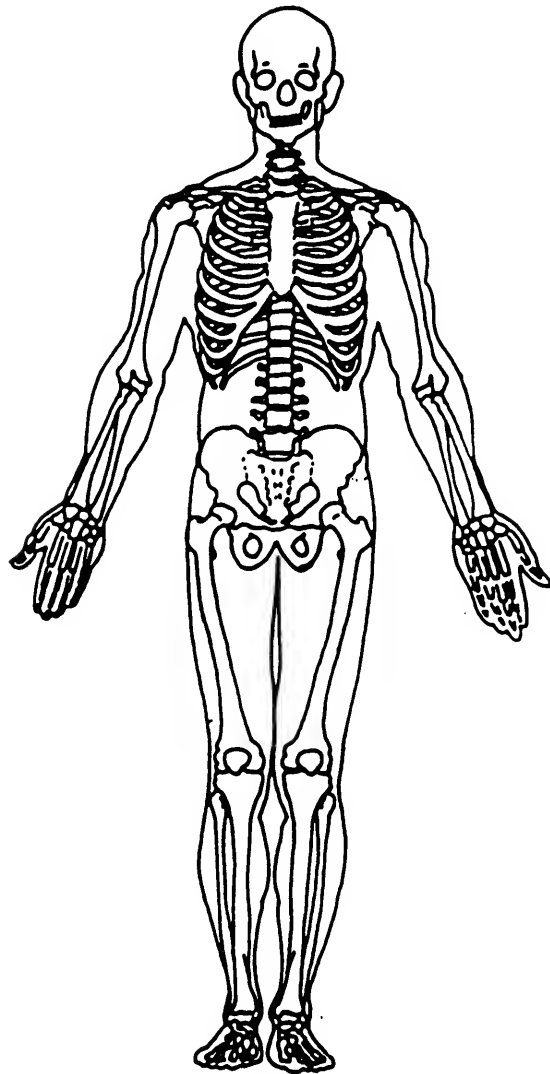
PCO₂ ____

HCO₃ ____



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

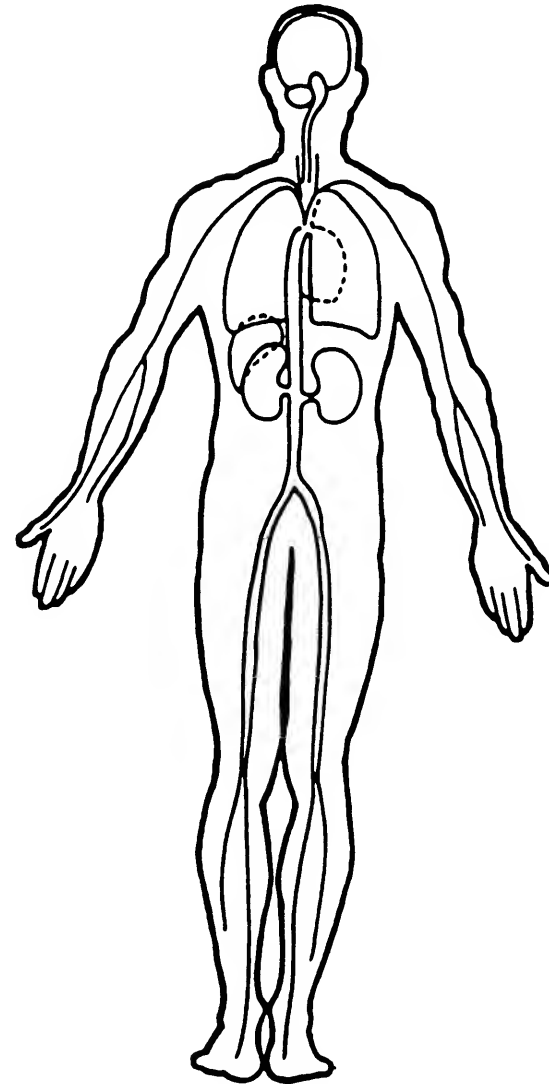
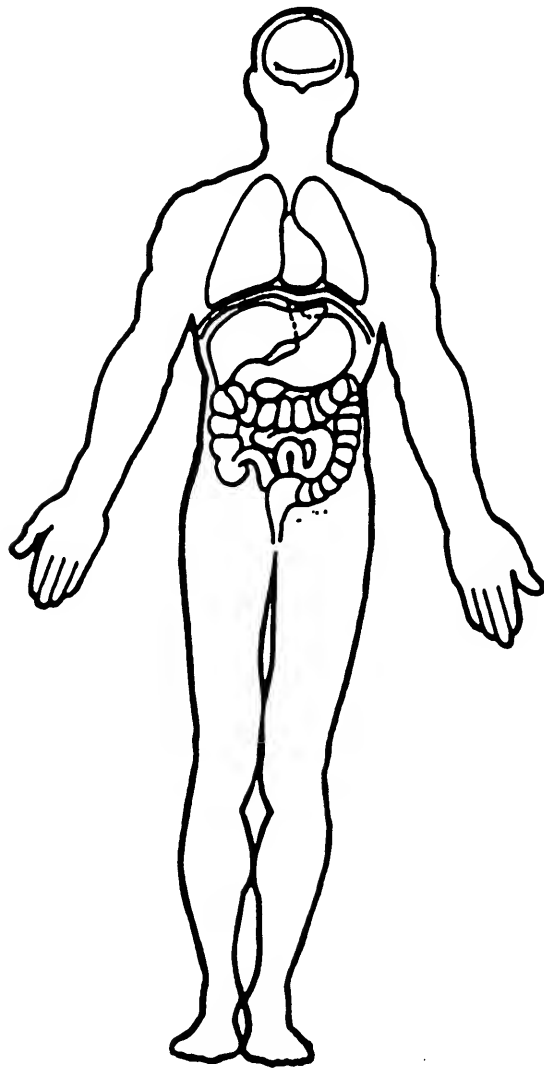
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE LEFT REAR PASSENGER



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9621

3. Vehicle Number

01

4. Occupant Number

05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

15

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

160

Code actual height to the nearest
centimeter.

(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight

045

Code actual weight to the nearest
kilogram.

(999) Unknown

100 pounds X .4536 = 45.4 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

31

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

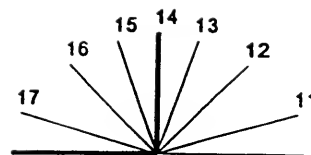
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 05
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

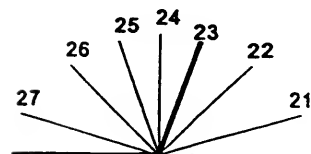
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

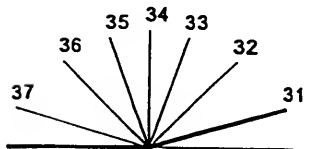
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 8

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): Deformed unk how
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

(00) Not Hospitalized

____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost97

____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

00**67. 1st Medically Reported Cause of Death**00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

02**TRAUMA DATA****71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**01

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE LEFT REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>05</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Abrasion											
1st	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
check	<u>7</u>	<u>2</u>	<u>9</u>	<u>02</u>	<u>02</u>	<u>1</u>	<u>2</u>	<u>151</u>	<u>2</u>	<u>1</u>	<u>01</u>
Contusion											
2nd	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.
Shin	<u>7</u>	<u>8</u>	<u>9</u>	<u>04</u>	<u>02</u>	<u>1</u>	<u>1</u>	<u>160</u>	<u>2</u>	<u>1</u>	<u>00</u>
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

OCCUPANT INJURY DATA

			A.I.S. - 90						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source			
11th	---	---	---	-----	----	---	---	-----	---	---	----
12th	---	---	---	-----	----	---	---	-----	---	---	----
13th	---	---	---	-----	----	---	---	-----	---	---	----
14th	---	---	---	-----	----	---	---	-----	---	---	----
15th	---	---	---	-----	----	---	---	-----	---	---	----
16th	---	---	---	-----	----	---	---	-----	---	---	----
17th	---	---	---	-----	----	---	---	-----	---	---	----
18th	---	---	---	-----	----	---	---	-----	---	---	----
19th	---	---	---	-----	----	---	---	-----	---	---	----
20th	---	---	---	-----	----	---	---	-----	---	---	----
21st	---	---	---	-----	----	---	---	-----	---	---	----
22nd	---	---	---	-----	----	---	---	-----	---	---	----
23rd	---	---	---	-----	----	---	---	-----	---	---	----
24th	---	---	---	-----	----	---	---	-----	---	---	----
25th	---	---	---	-----	----	---	---	-----	---	---	----

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

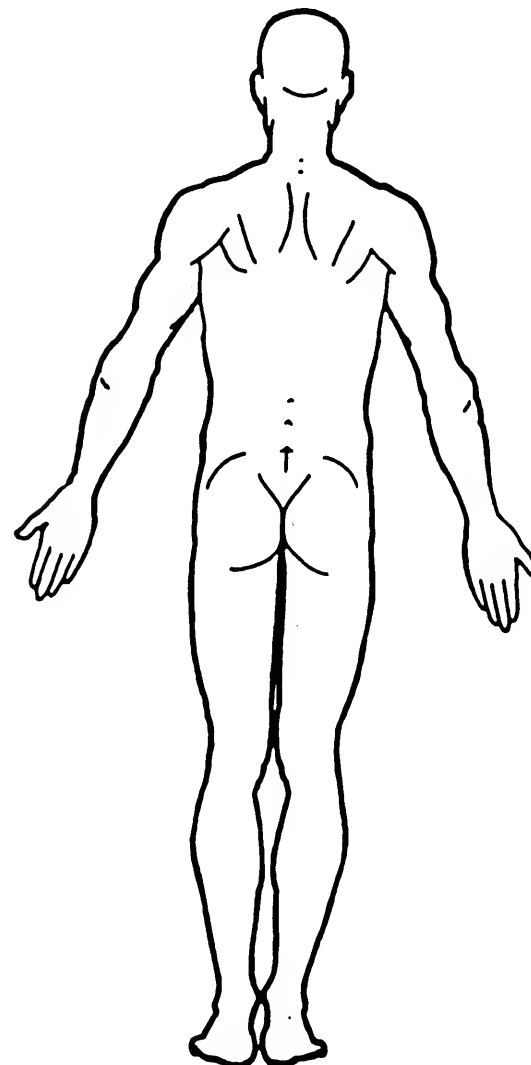
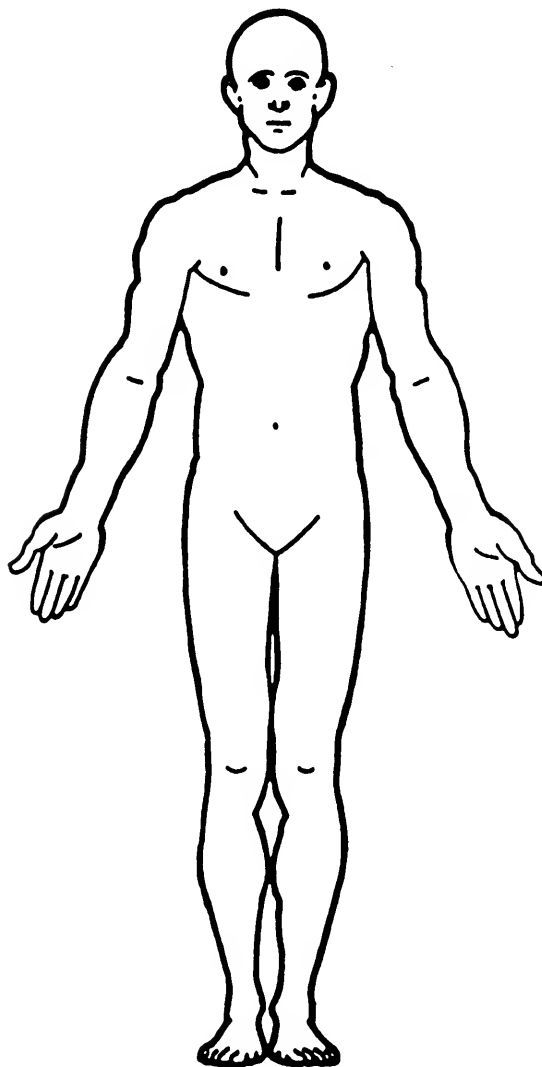
Arterial Blood Gases

pH =

PO₂ =

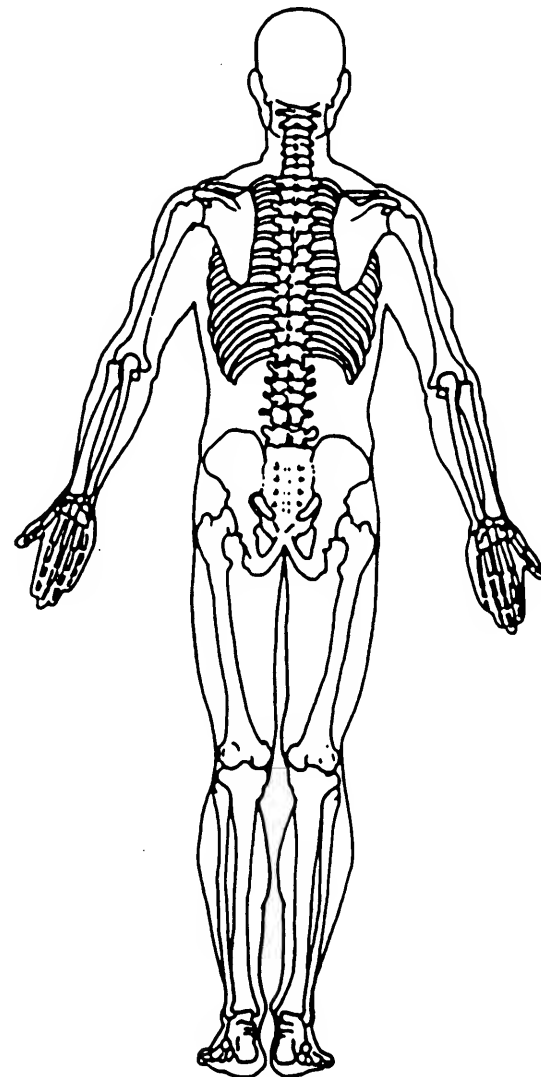
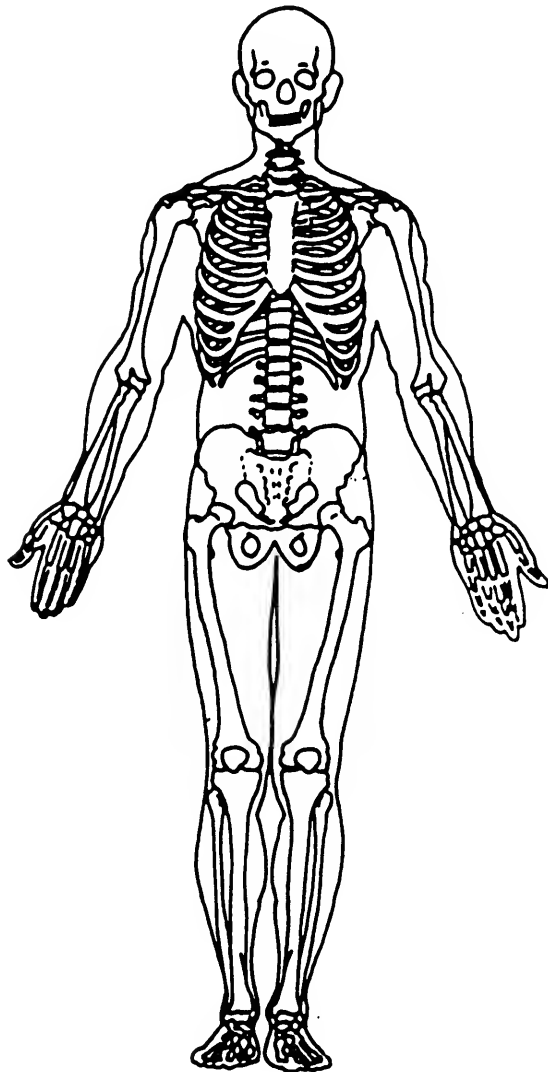
PCO₂

HCO₃



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (1011) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

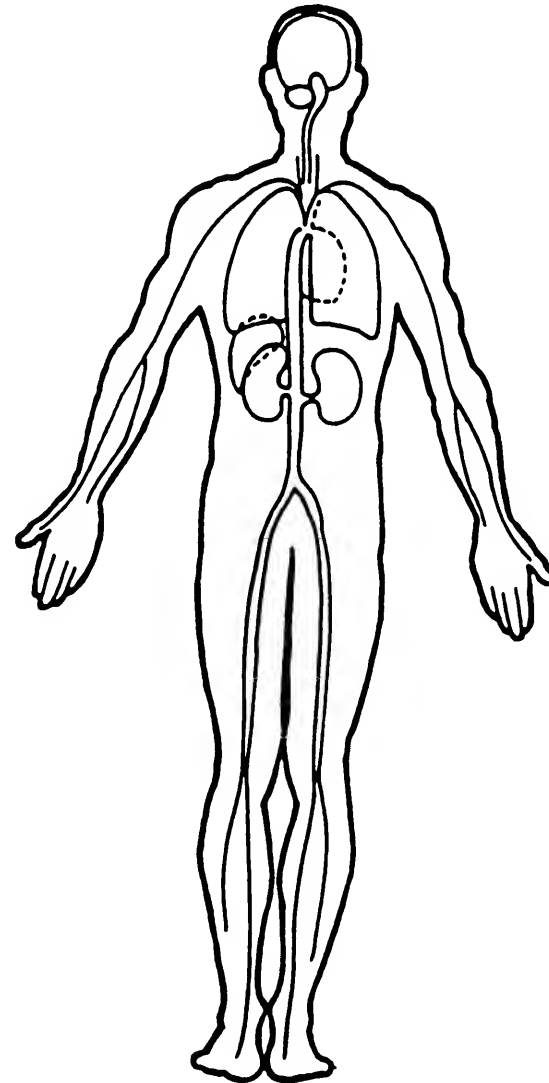
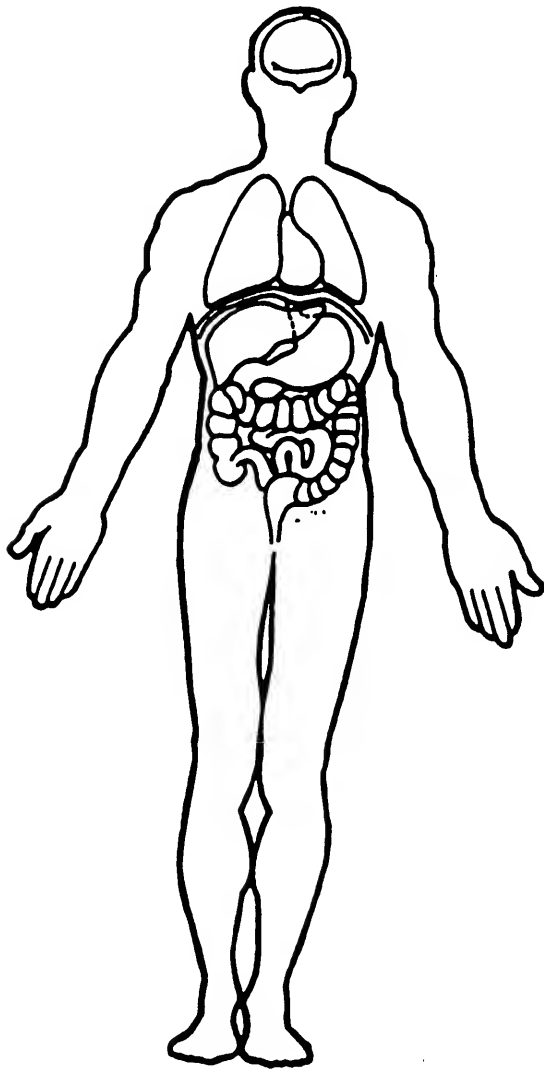
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE CENTER REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9621

3. Vehicle Number

01

4. Occupant Number

06

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

15

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

168

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = 167.6 centimeters

8. Occupant's Weight

051

Code actual weight to the nearest
kilogram.

(999) Unknown

112 pounds X .4536 = 50.8 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

32

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

3

↓ Although she doesn't
Recall exiting but does
Remember being outside

vehicle post CRASH &
PRIOR to EMT or Police
ARRIVE.

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability** 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

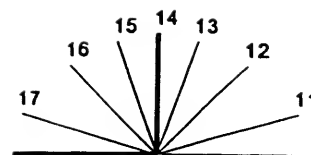
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 05
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

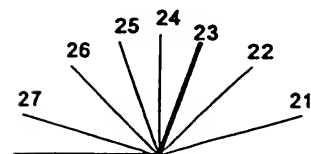
53. Seat Back Incline Prior and Post Impact 01
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

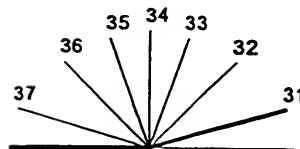
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 8

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): Deformed unkn
 (9) Unknown how

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 * n up through 30 days = 720)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 1
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE CENTER REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>06</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90										Injury Source	Direct/Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level				
Closed Head Injury	1st	5. <u>7</u>	6. <u>1</u>	7. <u>1</u>	8. <u>50</u>	9. <u>99</u>	10. <u>7</u>	11. <u>0</u>	12. <u>151</u>	13. <u>2</u>	14. <u>1</u>	15. <u>02</u>
Contusions	2nd	16. <u>7</u>	17. <u>8</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>151</u>	24. <u>2</u>	25. <u>1</u>	26. <u>02</u>
Knee & leg												
Scrape	3rd	27. <u>7</u>	28. <u>8</u>	29. <u>5</u>	30. <u>02</u>	31. <u>06</u>	32. <u>1</u>	33. <u>1</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>02</u>
Ankle												
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury					
11th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn	(1) Minor Injury	
(9) Skin	(30) Crush	(2) Moderate Injury	
	(40) Degloving	(3) Serious Injury	
	(50) Injury - NFS	(4) Severe Injury	
	(90) Trauma, other than mechanical	(5) Critical Injury	
	<u>Head - LOC</u>	(6) Maximum (untreatable)	
	(02) Length of LOC	(7) Injured, unknown severity	
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

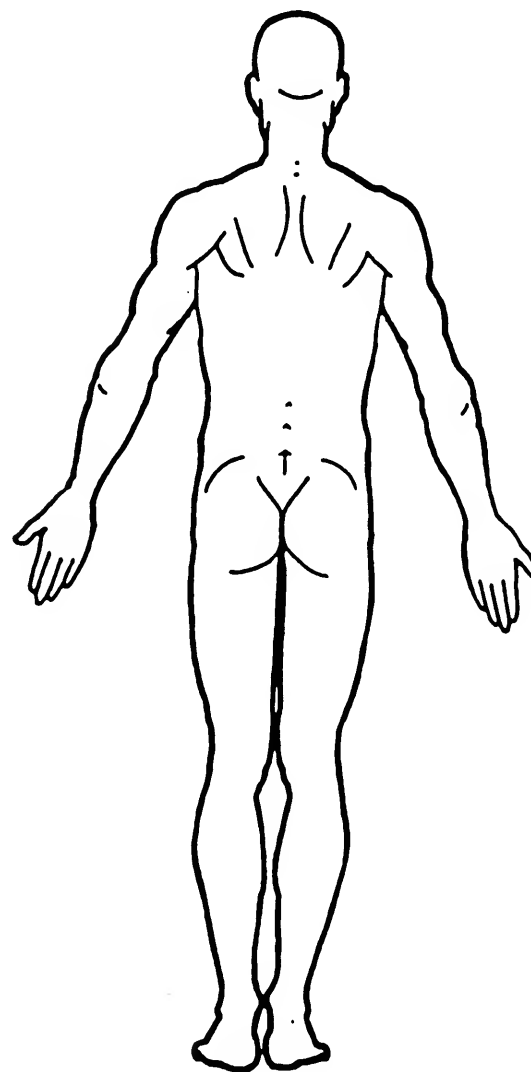
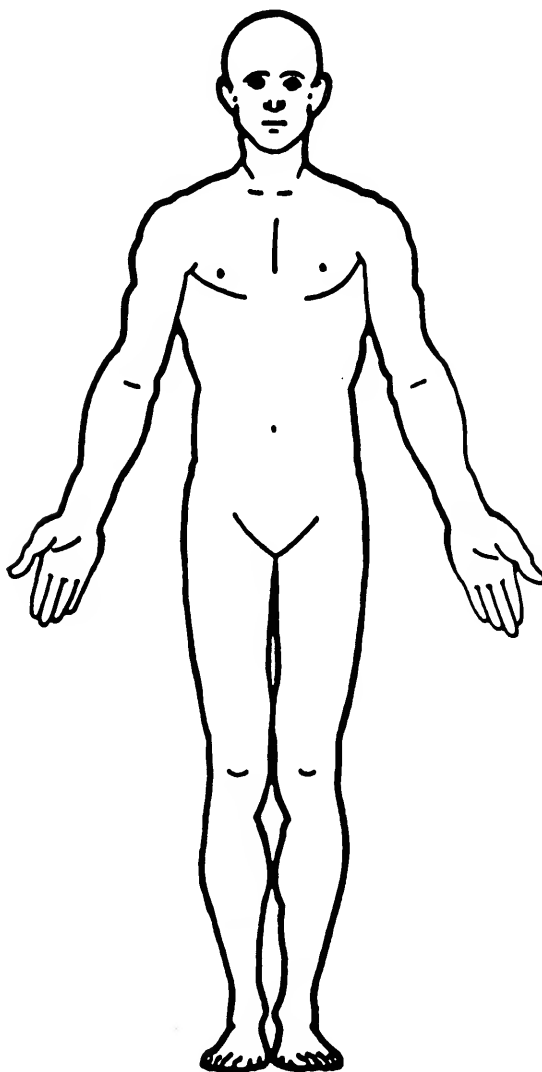
Arterial Blood Gases

pH = ___

PO₂ = ___

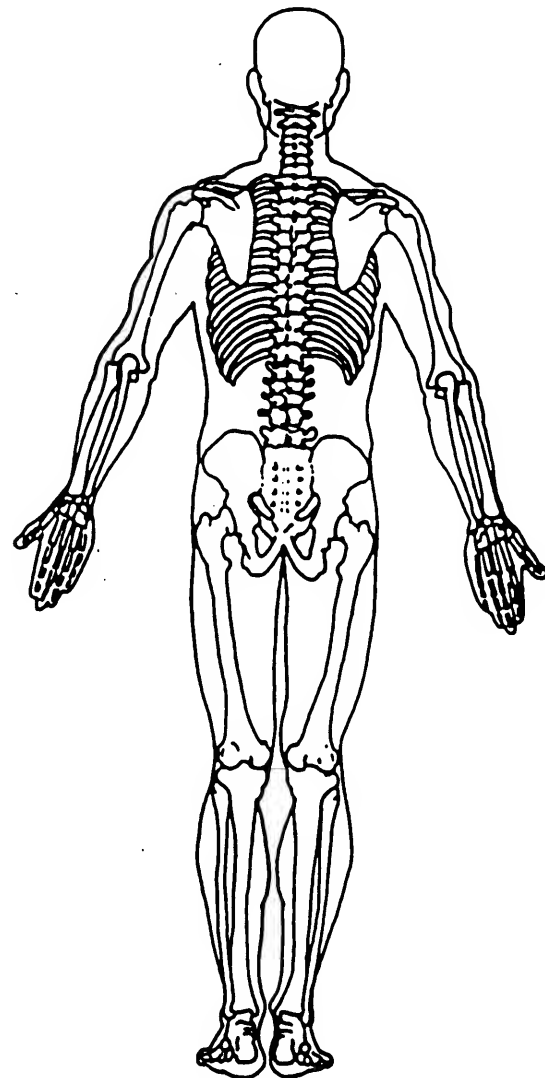
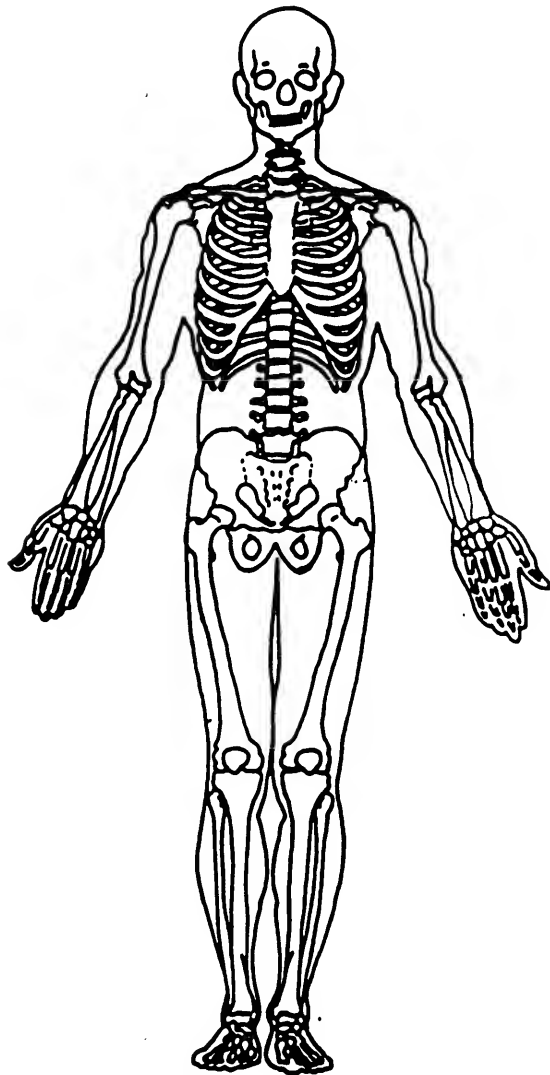
PCO₂ ___

HCO₃ ___



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and Interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

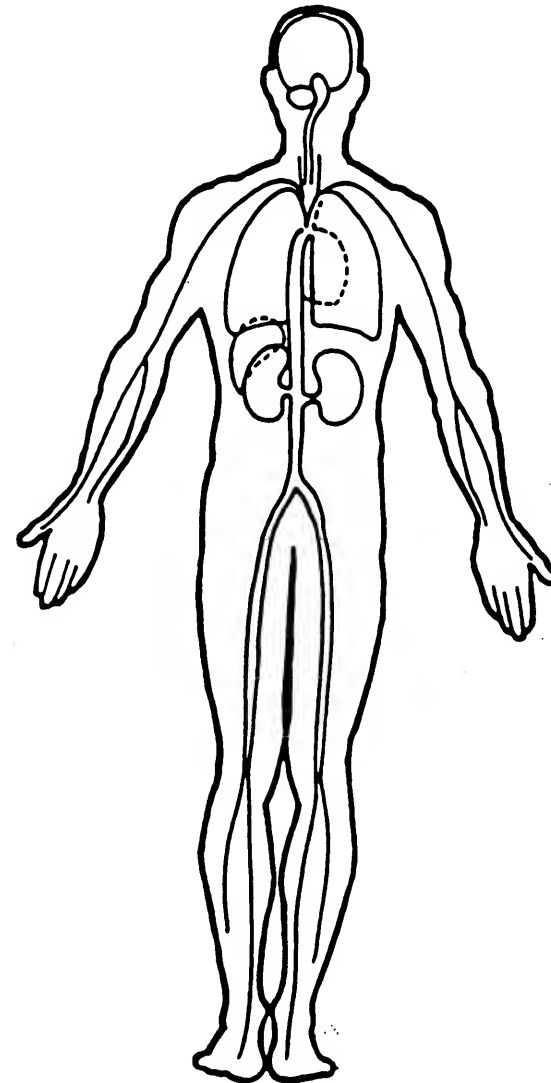
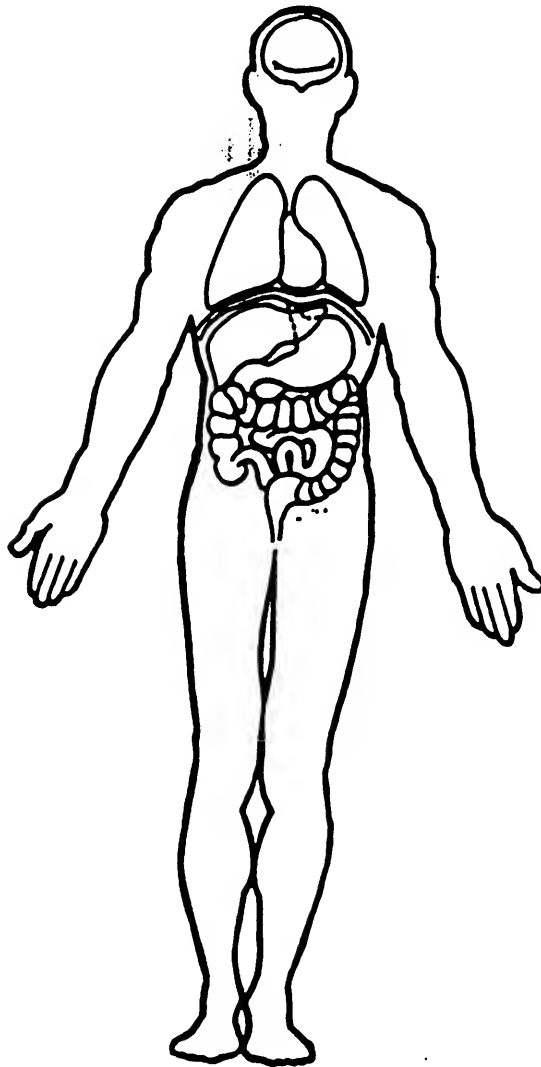
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
RX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>33</u>
2. Case Number - Stratum <u>9621</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>07</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>0</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>18</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>2</u>	
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height <u>170</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>67</u> inches X 2.54 = <u>170</u> centimeters	
8. Occupant's Weight <u>079</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>175</u> pounds X .4536 = <u>79</u> ⁴ kilograms	
9. Occupant's Role <u>2</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use

- 4
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- 0
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System

0

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment

0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag

0

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- 0
- (0) Not equipped with an "other" air bag
 - (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure?

0

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 0 0

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

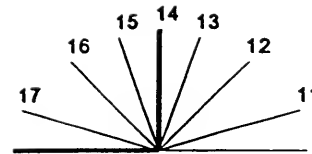
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 05
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) L
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

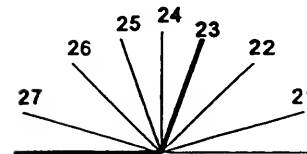
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

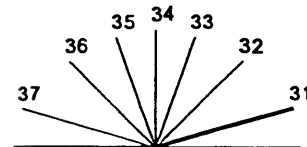
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 8

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): Deformed unkn
now

(9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay * 99

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

*college*65. Working Days Lost 10

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

* No records from initial treatment facility. Hospitalized at least overnight at subsequent facility. Unknown if transferred or went home and readmitted.

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 08

8 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT REAR PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9621</u>	4. Occupant Number	<u>07</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
Bimalleolar Fractures with displaced posterior malleolus	1st	5. <u>2</u>	6. <u>8</u>	7. <u>5</u>	8. <u>34</u>	9. <u>18</u>	10. <u>3</u>	11. <u>1</u>	12. <u>104</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Contusion Forehead	2nd	16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>7</u>	23. <u>205</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
Contusions under both arms	3rd	27. <u>7</u>	28. <u>7</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>3</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>02</u>
Abrasion Elbow	4th	38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>106</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
Laceration Elbow	5th	49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>06</u>	53. <u>00</u>	54. <u>1</u>	55. <u>1</u>	56. <u>106</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
Abrasion Knee	6th	60. <u>7</u>	61. <u>8</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>151</u>	68. <u>2</u>	69. <u>1</u>	70. <u>02</u>
Laceration Knee	7th	71. <u>7</u>	72. <u>8</u>	73. <u>9</u>	74. <u>06</u>	75. <u>00</u>	76. <u>1</u>	77. <u>2</u>	78. <u>151</u>	79. <u>2</u>	80. <u>1</u>	81. <u>02</u>
Sprain Ankle	8th	82. <u>7</u>	83. <u>8</u>	84. <u>5</u>	85. <u>02</u>	86. <u>06</u>	87. <u>1</u>	88. <u>2</u>	89. <u>251</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— —	— —	—	—	— — —	—	—	— —
12th	—	—	—	— —	— —	—	—	— — —	—	—	— —
13th	—	—	—	— —	— —	—	—	— — —	—	—	— —
14th	—	—	—	— —	— —	—	—	— — —	—	—	— —
15th	—	—	—	— —	— —	—	—	— — —	—	—	— —
16th	—	—	—	— —	— —	—	—	— — —	—	—	— —
17th	—	—	—	— —	— —	—	—	— — —	—	—	— —
18th	—	—	—	— —	— —	—	—	— — —	—	—	— —
19th	—	—	—	— —	— —	—	—	— — —	—	—	— —
20th	—	—	—	— —	— —	—	—	— — —	—	—	— —
21st	—	—	—	— —	— —	—	—	— — —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— — —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— — —	—	—	— —
24th	—	—	—	— —	— —	—	—	— — —	—	—	— —
25th	—	—	—	— —	— —	—	—	— — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region

Type of Anatomic Structure

- (1) Whole Area
 (2) Vessels
 (3) Nerves
 (4) Organs (includes Muscles/ligaments)
 (5) Skeletal (includes joints)
 (6) Head - LOC
 (9) Skin

Whole Area

- (02) Skin - Abrasion
 (04) Skin - Contusion
 (06) Skin - Laceration
 (08) Skin - Avulsion
 (10) Amputation
 (20) Burn
 (30) Crush
 (40) Degloving
 (50) Injury - NFS
 (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
 (04) Level
 (06) of
 (08) Consciousness
 (10) Concussion

Spine

- (02) Cervical
 (04) Thoracic
 (06) Lumbar

Abbreviated Injury Scale

- (1) Minor Injury
 (2) Moderate Injury
 (3) Serious Injury
 (4) Severe Injury
 (5) Critical Injury
 (6) Maximum (untreatable)
 (7) Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
 (2) Hospital/medical records other than emergency room (e.g., discharge summary)
 (3) Emergency room records only (including associated X-rays or other lab reports)
 (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
 (6) E.M.S. personnel
 (7) Interviewee
 (8) Other source (specify):
 (9) Police

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

- (1) Direct contact injury
 (2) Indirect contact injury
 (3) Noncontact injury
 (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

⊕ Contacts (PS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No
___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

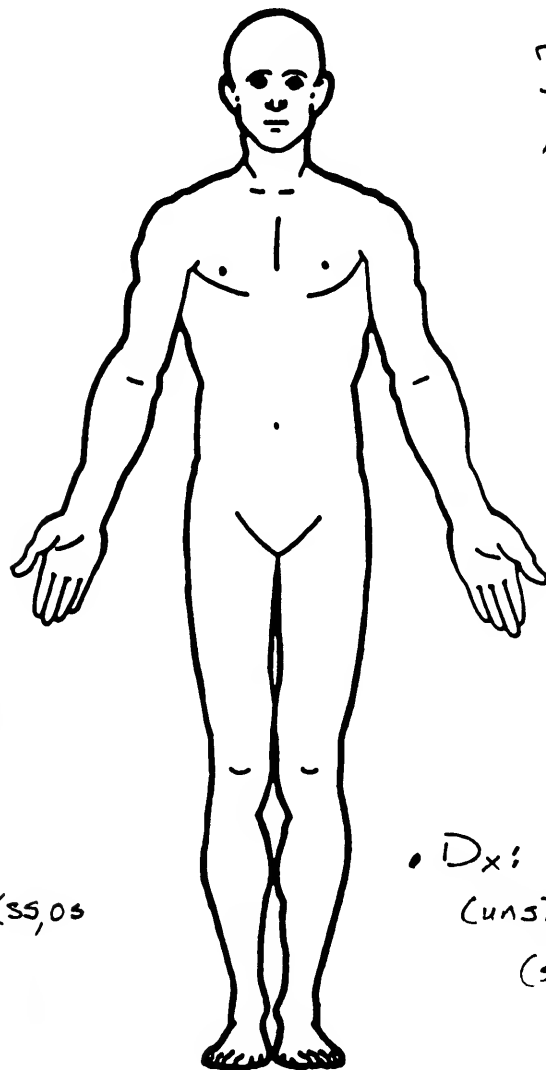
pH = ___

PO₂ = ___

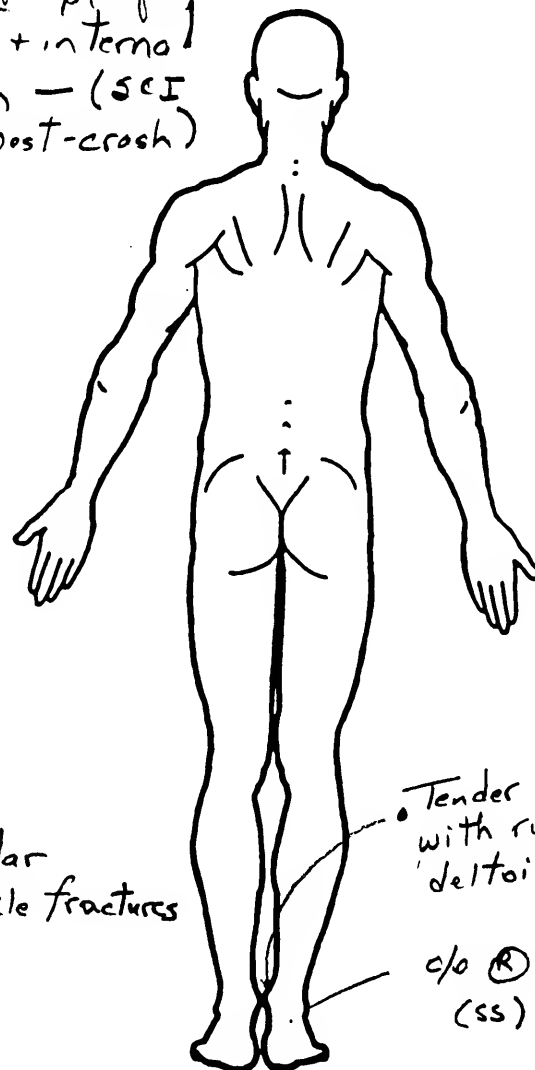
PCO₂ = ___

HCO₃ = ___

18 year-old female (SS, OS)
Height: 67"
Weight: 175
(PS)



Admit overnight for continued IV antibiotics (OS)
"Broke ankle"
Admitted for open reduction + internal fixation — (SEI 4th day post-crash)
(SS)

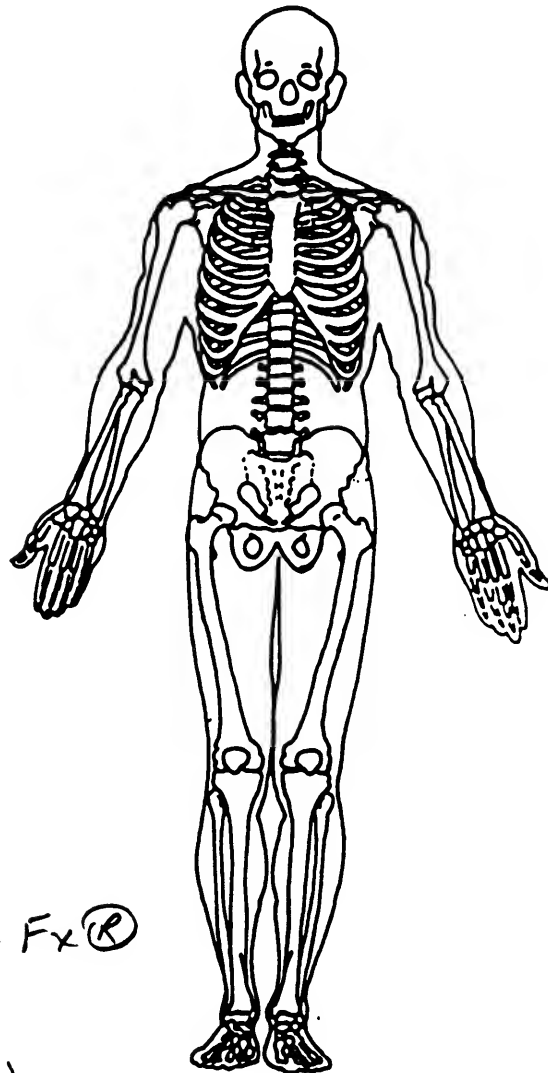


• Dx: Bimalleolar (unstable) ankle fractures (SS)

• Tender over deltoid with rupture of deltoid ligament
c/o R ankle Fx (SS)

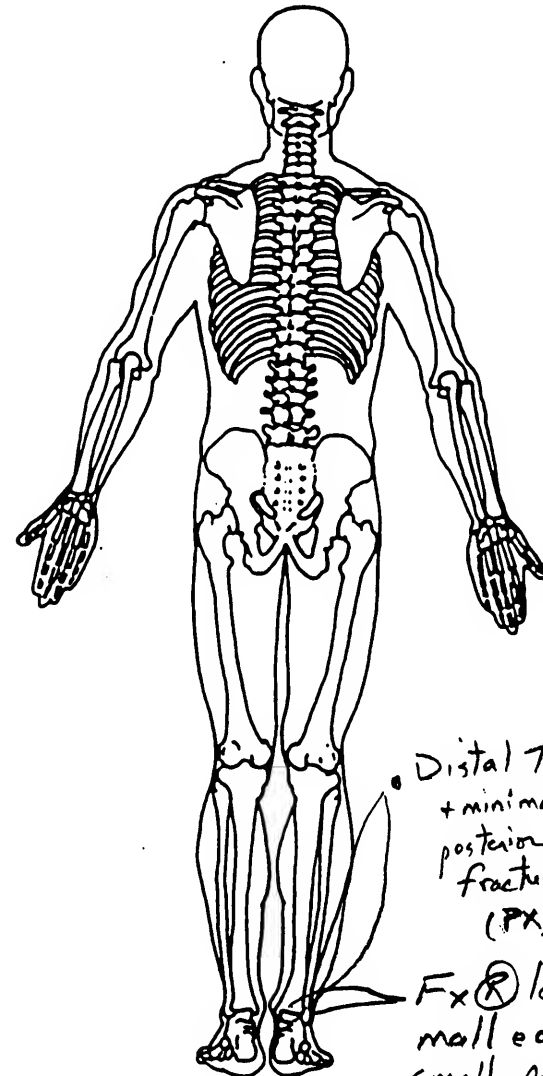
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



• Bimalleolar Fx®
ankle

(FS, SS, OS, PX)



• Distal fibula Fx
+ minimally displaced
posterior malleolus
fracture
(PX)

Fx® lateral
malleolus and
small posterior
malleolus (OS)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify):
- (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

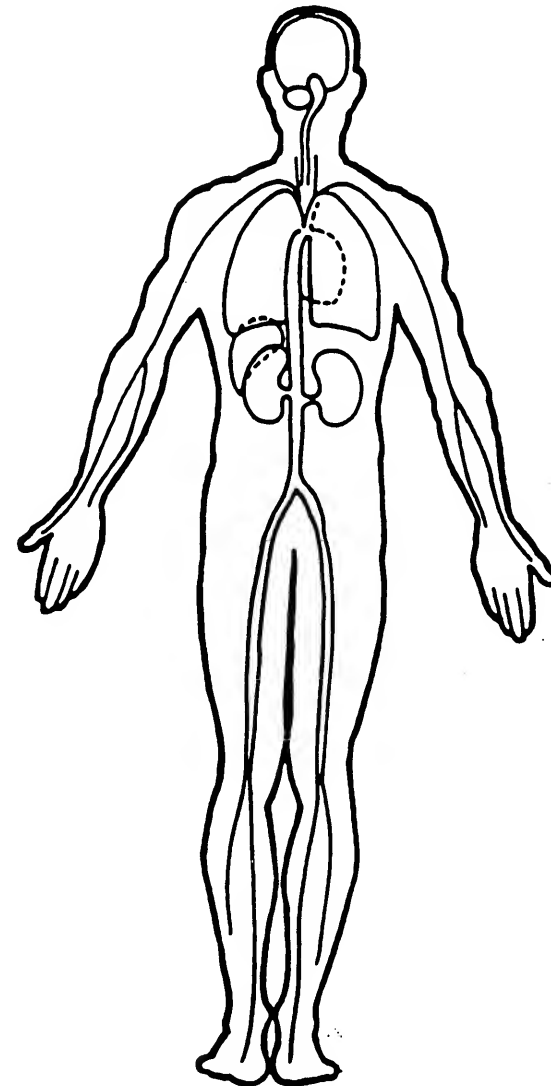
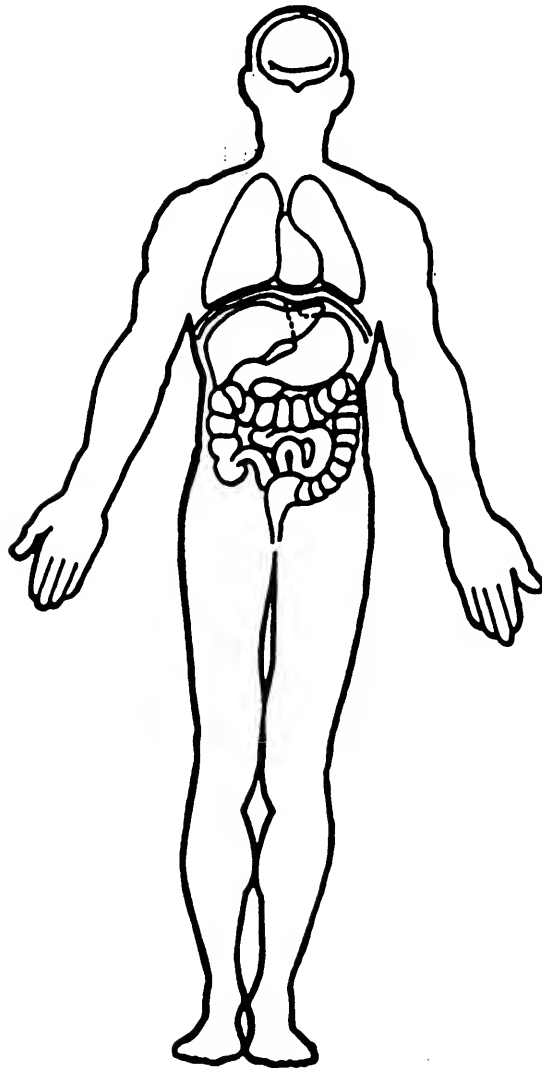
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

824.4 closed bimalleolar fracture (fibula) (Fs)
 79.36 Open reduction of fracture with internal fixation
 tibia and fibula

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
EP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

PS = Pre Anesthetic Summary
 SS = Short Stay Record

Facility		Service/Location MEDICAL		Status Date DIS INO		1 000 000 000	
Patient's Legal Name		Sex Race DOB	Age	Ht	Wt	SS	MS Religion
		F CA	78 18				S
Prior Stay	Patient's Legal Address					Home Phone	
ES Employer	Employer's Address					Work Phone	
STUDENT							
Social Security #	Occupation STUDENT					County	
PR Guarantor's Name		Address					Home Phone
Guarantor's Employer		Employer's Address					
Social Security #	Occupation TRUCK DRIVER					County	
PR Other Guarantor's Name		Address					Home Phone
Employer		Employer Address					Work Phone
Social Security #		Occupation					
Insurance #1		Address				O C C U R R E N C E S	
Insured Name	Rel	Asg	Policy #	Group Name	Group Number	Code	Date Time
	Y	Y				11	'96 1500
Coverage					Authorization		
Call					IP ONLY		
Insurance #2		Address				C O N D I T I O N S	
Insured Name	Rel	Asg	Policy #	Group Name	Group Number	Code	Type
						20	BENEFICIARY REQUEST BILL
Coverage					Authorization		
Insurance #3		Address				Special Program	
Insured Name	Rel	Asg	Policy #	Group Name	Group Number		
Coverage					Authorization		
PR Notify in Emergency		Home Phone		Work Phone		824.4	
Attending Physician		Admitting Physician		Family Physician		ER Physician	
						79.36	
PRINCIPAL ADMITTING DIAGNOSIS						27814	
Reason for Visit							
RT ANKLE FX BIMALLEHN							
ACIDENT		PATIENT REQUEST		ADMISSION/REGISTRATION			
Type	Date	Accom	Smoke	Date	Time	Type	Source
ONSET OF SYMPTOMS	'96	N.PR	N	'96	1924	IN	PR
						Rm/Bed	Service
						N.423/A	MED
ELOS Est Charges		Census Comment		Sp Program		Y A L U E	O C C U R R E N C E
						CD Amount	CD From Thru
						11	'96
						Entered By	

ADMISSION FORM

Printed

96 1030

Short Stay Record or Pre-Op

For Stay 48 Hours or Less and Outpatients

HISTORY

"Broken my ankle"
 Present Illness 18y. old female to Dr. M. H. N.
 MVA. admitted for ORIF. all risks and
 implications explained and understood. Informed consent
 obtained.

Relevant Past
Medical History

epilepsy
 illness: seizures in @ age 9

Pediatric Immunizations - Current

ALLERGIES

Codeine (anaphylaxis)

MEDICATIONS

Relevant Past
Social History

single: student

Relevant Past
Family History

My father's wife: diabetes, hypertension, heart disease, yes: father: arrhythmia, CH: pericarditis, may F: stroke

REVIEW OF SYSTEMS

of no other illness?

PHYSICAL EXAMINATION

Vital Signs

T 98.6

P 70

R 16

B/P

Head & Neck

AT. I C

Lungs (Breast)

Chest & Heart

CTA

NSR

hyper

Abdomen

GU / Rectal

deltoid

Extremities / Neuro

Insulin glucose + deltoid, skin intact, no N/V, no ligament

Pediatric Patient's - Growth / Development

Xy = 6 months, fix = deltoid ligament rupture

IMPRESSION

Small child (unusually) ankle

Physician Signature

Date

Short Stay Record
 (Continued on reverse side)

HOSPITAL

BEST AVAILABLE

PATIENT:
PHYSICIAN:
DATE OF OPERATION:
ASSISTANT:

BILLING#
MR#

REPORT OF OPERATION

PREOPERATIVE DIAGNOSIS: 1. RIGHT BIMALLEOLAR ANKLE FRACTURE.

POSTOPERATIVE DIAGNOSIS: 1. RIGHT BIMALLEOLAR ANKLE FRACTURE.

OPERATION: 1. OPEN REDUCTION AND INTERNAL FIXATION BIMALLEOLAR ANKLE FRACTURE.

ANESTHESIA: General endotracheal anesthesia.

CLINICAL INFORMATION: The patient is an 18-year-old female involved in a motor vehicle accident at three days ago. She was initially seen at downtown Harris and noted to have a fractured ankle. Her fracture consists of a lateral malleolus as well as small posterior malleolus fracture. In addition she is tender over the deltoid and is felt to have a deltoid rupture with an unstable type mortis. Recommendations have been made after discussing the options and her family to do an open reduction and internal fixation of the fibula with stabilization of the mortis. All risks and complications as well as alternative methods of treatment have been discussed in detail and informed consent has been given.

OPERATIVE PROCEDURE: The patient was taken to the operating room and was placed supine on the table. General endotracheal anesthesia was administered without complication. One gram of IV Ancef was given. A hip roll was placed under the right hip and a tourniquet around the proximal thigh. She was then prepped with a Betadine scrub and paint and was draped out sterilely. The leg was then exsanguinated and the tourniquet was inflated to 300 mmHg. Straight lateral approach was made to the fibula. Blunt dissection was carried down. The serral nerve was identified and it crossed almost directly over the fracture site. It was gently retracted both directions to allow visualization and exposure of the fracture. The fracture edges were cleaned off and curetted. It was then irrigated out to remove any particles. Using a AO clamp it then appeared to be able to reduce and hold it. The bicortical screw was then placed giving excellent purchase due to her strong bone. It was then felt that a second screw could be placed but I was afraid it would compromise the integrity of the small oblique fragment. I was afraid it might fracture out and I did not think it was going to offer us a big advantage. Therefore x-rays were then taken which showed good length of the screw, good position. The mortis was reduced. The fibula was reduced. The tourniquet was then released. Total time was 17 minutes. The wound was then irrigated. Hemostasis

REPORT OF OPERATION

OPERATIVE NOTE

BEST AVAILABLE

6 malleolus
46 Proc: ORIF distal tibia, fibula

Sym: P. Pain
Wound: laceration / 6 FN

T.I. 1
SIC placed
x-ray reduced / reduced

I
N
T
A
R
E
A

oc

PROGRESS NOTE

9/6/96 Corrected distal Awake + alert

VSS

N/V intact

Cast uncomfortable. Cast uncomfortable

Independent walking. crutches

DISCHARGE SUMMARY

O/P

DISCHARGE INSTRUCTIONS

WNB in crutches
privately

not weight bearing

FINAL DIAGNOSIS

same

DATE

9/6

SIGNATURE

Short Stay Record

Form No F031 / 1130 (R 3/96) Back

HOSPITAL

BEST AVAILABLE

PATIENT NAME
PHYSICIAN

M.D.

BILLING#:
MR#:

Page 2

was present.

Closure was then obtained with 3-0 Vicryl suture in the subcutaneous and staples on the skin. Sterile dressing was placed. She was put directly into a short leg cast.

The patient returned to the recovery room in satisfactory condition. Plans are to admit her overnight for continued IV antibiotics. In addition since there is only a single screw fixation, I want to keep her nonweightbearing in the short leg cast for at least three weeks.

M.D.

D 96 T: 96 19:37:57
JOB:
Inc.

REPORT OF OPERATION

PREANESTHETIC SUMMARY	
HEAD, NECK, MOUTH, EYES (GLAUCOMA) (+) Contacts Glaucoma GWC MPI	AGE 48 SEX F HT. 67 WT. 175 HGB HCT WBC PLT AREA
DENTAL, DENTURES (FULL, PARTIAL, CROWNS, CAPS, BRIDGES) 0	LAB <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> UA <input type="checkbox"/> Positive <input type="checkbox"/> Negative ADDITIONAL DIAGNOSTIC DATA REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>
RESPIRATORY SYSTEM (CHEST X-RAY) 0 TBS 0 BVD HABITS 0 Asthma, Bronchitis, TB, URT	ALLERGY Codine → N+V PREOP ROOM AIR SAT PREOP ALDERETE SCORE
CIRCULATORY SYSTEMS 0 CV 0 (M) 0 HTN TEMP <u>36.0</u> BP <u>130/10</u> PULSE <u>110</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Blood Adm. Anticipated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Risks of Transfusion Discussed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Blood Available
GASTRO INTESTINAL (INCL. HEPATIC) 0 GI 0 Hep 0 GND 0 GU 0 pregnancy TIME OF LAST FOOD OR DRINK	DRUG THERAPY (E.G., STEROIDS, TRANQUILIZERS, ANTIHYPERTENSIVES) Loctab
CENTRAL NERVOUS SYSTEM / PSYCHOLOGICAL STATUS (+) Seizures age nine (Rx for 2 yrs) 0 Neuromuscular Disease	PREVIOUS ANESTHETICS AND COMPLICATIONS 0 FM ANGE AX: NUG
OPERATION PROPOSED ORIF (R) Ankle PHYSICAL STATUS 1 2 3 4 5 E ELECTIVE <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> NON-SCHED. EMERGENCY <input type="checkbox"/> TRAUMA <input type="checkbox"/> TRAUMA RELATED <input type="checkbox"/>	SUMMARY & ANES PLAN INCLUDING AGENTS AND TECHNIQUES Options & Risks Discussed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/> Gen <input type="checkbox"/> IV Consc. Sedation <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> Block Post-op Care <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other 96 Date & Time
POST ANESTHETIC SUMMARY	
POST ANESTHESIA CONDITIONS B.P. <u>128/77</u> PULSE <u>130</u> RESP. <u>16</u> REFLEX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RETCHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EMESIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ORAL/NASAL AIRWAY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SATISFACTORY FAIR <input type="checkbox"/> POOR <input type="checkbox"/> AWAKE <input type="checkbox"/> SaO ₂ _____ 1750 MD 96 Signature Date & Time	
24 HOUR POST ANESTHESIA VISIT A/A V45 SV 04/0 0 Comp 12 96 0600 Signature Date & Time	

NAME:
PHYS:
DOB: 7/18/1936
ACCT: 18-0000000000 LOCATION:
EXAM DATE: 96 STATUS: INP
RADIOLOGY NO:
UNIT NO

EXAMS: PORTABLE ANKLE; COMPLETE, PORTABLE ANKLE; COMPLETE

PORTABLE RIGHT ANKLE (2V) ON 96: (1735)

HISTORY: POSTREDUCTION RIGHT ANKLE FRACTURE

No comparison films are available.

A single screw is present transfixing transverse distal fibular fracture. Lateral view demonstrates a minimally displaced posterior malleolus fracture. No other definite fracture or dislocation is identified. The ankle mortise appears generally.

CONCLUSION:

1. STATUS POST INTERNAL FIXATION OF DISTAL FIBULA FRACTURE.
2. POSTERIOR MALLEOLAR FRACTURE.

FC:N

CL:D

PORTABLE RIGHT ANKLE (3V) ON 96: (1840)

HISTORY: POSTOP RIGHT ANKLE FRACTURE/POST-CASTING

Comparison is from earlier of 96 (1735).

Cast material is now present which somewhat limits detail. Metallic screw at the distal fibula is again seen, as is posterior malleolar fracture. No other definite fracture, dislocation or other bony abnormality is identified. The ankle mortise appears generally symmetrical.

CONCLUSION:

1. POST-CASTING OF DISTAL TIBIA AND FIBULAR FRACTURES.

FC:N

CL:0

NAME:

PHYS:

DOB:

ACCT:

EXAM DATE:

RADIOLOGY NO:

UNIT NO:

LOCATION:

96 STATUS: DIS

EXAMS: PORTABLE ANKLE; COMPLETE, PORTABLE ANKLE; COMPLETE
<Continued>

..THIS REPORT IS VALIDATED ONLY WHEN SIGNED BY THE RADIOLOGIST..

** REPORT SIGNATURE ON FILE
REPORTED AND SIGNED BY:

96 **

M.D.

CC: M.D.

TRANSCRIBED DATE/TIME: 96 (0807)

TRANSCRIPTIONIST:

PRINTED DATE/TIME: 96 (0938) BATCH NO: